Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:

 - This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.
  - For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.
 - For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.
- Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

 For Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1A-1. CoC Name and Number: MO-501 - St. Louis CoC

1A-2. Collaborative Applicant Name: City of St. Louis

1A-3. CoC Designation: CA

1A-4. HMIS Lead: City of St. Louis

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	No	No	No
Local Jail(s)	No	No	No
Hospital(s)	No	No	No
EMT/Crisis Response Team(s)	No	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	No	No	No
CoC Funded Youth Homeless Organizations	Yes	Yes	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	No
School Administrators/Homeless Liaisons	Yes	No	No
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes	No
Street Outreach Team(s)	Yes	Yes	No
Youth advocates	Yes	Yes	No
Agencies that serve survivors of human trafficking	Yes	Yes	No
Other homeless subpopulation advocates	No	No	No
Homeless or Formerly Homeless Persons	Yes	Yes	Yes

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.
(limit 1000 characters)

Solicitation and consideration of a full range of opinions begins with leadership and interested parties seeking advice or proposing or testing interest in a initiative on ending or preventing homelessness. This extends beyond formal CoC communication channels.
Here are two examples, one leading to the other:
The largest provider of emergency shelter in St. Louis doesn't participate in the CoC. Last winter it faced closure.
An informal CoC coalition broadly solicited input in planning and expanding emergency shelter, and, in 90 days, set up and staffed 125 shelter beds for single men and 55 women and families situated at 3 facilities. Coalition members then broadly solicited input and worked to close a significant tent encampment.
Views were solicited and considered from departments of local government, law enforcement, hospitals, mental health agencies, affordable housing developers, public housing authorities, street outreach, clients, and homeless subpopulation advocates.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Epworth Children's Services	No	No	No
Covenant House	No	Yes	No

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
The Women's Safe House	Yes	No
Safe Connections	No	No
St. Martha's Hall	Yes	No
Redevelopment Opportunities for Women	Yes	No
Lydia's House	Yes	No
Crime Victim Advocacy Center	No	No
Lasting Solutions Program at Legal Services of Eastern Missouri	Yes	No
Aware of Barnes Jewish Hospital	Yes	No

1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	Yes
End Chronic Homelessness by 2017	Yes
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors?
 (limit 1000 characters)

The Service Delivery Committee of the St. Louis City CoC is structured to facilitate the management and oversight of the continuum of care for the City of St. Louis. Subcommittees focused on coordinated entry, emergency shelter, transitional housing, permanent supportive housing, rapid rehousing, domestic violence and youth identify the services that will best meet the needs of individuals and families experiencing homelessness. Each subcommittee establishes plans and processes and identifies and assigns roles and responsibilities for the oversight of specific strategies. Additionally, the subcommittees will seek out partners within the community to fulfill specific roles within the continuum if they are not present within the current membership of the St. Louis City Continuum of Care.

1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015.
(limit 1000 characters)

Request for Proposals are open to any nonprofit both in and outside the Continuum of Care and are advertised on the St. Louis City CoC list serv, Department of Human Service's website and by word of mouth. If a nonprofit is not a member of the CoC upon submitting an application for CoC funds, the nonprofit will be required to join prior to awarding any CoC funds. Additionally, the nonprofit will have to maintain active membership within the St. Louis City CoC in order to receive ongoing CoC funding support.

1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation?   Annually

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1C-1. Does the CoC coordinate with other Federal, State, local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
HeadStart Program	Yes
Other housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, as amended, requires CoCs to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program interim rule at 24 CFR 578.7(c)(4) requires that the CoC provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110(b)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	1	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	1	100.00%
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	1	100.00%
How many of the Con Plan jurisdictions are also ESG recipients?	1	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1	100.00%

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1	100.00 %

1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s).
(limit 1000 characters)

Interactions between the CoC and Consolidated Plan jurisdiction are frequent, ongoing and cover a full range of policy and programmatic subjects. This is due, in part, to the City of St. Louis' municipal boundaries defining the CoC and Consolidated Plan jurisdiction, and the City of St. Louis itself being the ESG recipient while also being actively involved in leadership and the daily affairs of the CoC. What's more, many CoC members are involved in a full range of priority setting activities and assistance seeking from the Consolidated Plan jurisdiction, not limited to ESG but also involving CDBG, HOPWA, and HOME.

While this makes CoC participation accessible in a narrow jurisdictional sense, fragmentation of CoC's, Consolidated Plan jurisdictions, and ESG recipients more broadly in the St. Louis MSA – separating multiple adjacent urban/suburban counties – works against collaboration that promotes regional progress in ending the regional problem of homelessness.

1C-2b. Based on the responses selected in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities.
(limit 1000 characters)

Because the City of St. Louis is the ESG recipient and, at the same time, is active in leadership and the daily affairs of the CoC (which is defined by its municipal boundaries) there is constant interplay, formal and informal, between the CoC and the City in ESG funding decisions and performance and outcomes of ESG-funded activities. Historically, this has focused on pragmatic considerations of meeting community needs by supporting effective programs performing activities that are eligible for ESG funding.

But as the CoC moves toward ever higher functioning compliance with HEARTH Act amendments, this working relationship has become more sophisticated with ESG funding discussions and considerations focused not just on how they meet community needs in eligible categories but how they concurrently support the breadth of the CoC mission, especially in coordination of services, performance goals and outcomes.

1C-3. Describe the how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

The COC works closely with providers of DV programs to assure that victims are prioritized for housing with safety being the guiding philosophy in determining type of housing and services. Support throughout the recovery path is provided passed on the individual needs. The COC has a strong network that addresses the needs of DV survivors and their families. YWCA St. Louis Regional Sexual Assault Center, the Women's Safe House, St. Martha's Hall and Lydia's House. All DV agencies receive funds from 2 special fees collected by the City and administered by the COC. They are members of the St. Louis Ending Violence Against Women Network which collectively set priorities and policies to protect victims. These organizations have a separate and secure database and they provide aggregate data to the COC.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
St. Louis Housing Authority	4.55%	Yes-Both

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness.
(limit 1000 characters)

Faith groups that either eschew public funding for religious reasons or prefer not to seek it because of strings and requirements that are attached are assisting persons who are homeless find stable transitional or permanent affordable housing. The Winter Outreach Group, which through volunteers and member churches has provided emergency overflow shelter, for example, found a facility at which it provided cold weather shelter during winter 2015. They called Assisi House, with the view of transforming it to permanent congregate housing for homeless men at winters end. Other church groups, operating off the conventional service grid, have appeared at CoC meetings expressing their vision of how, through private donation, them seek to improve small homes for use as affordable housing. The for profit real estate development community also has expressed some interest in developing single room occupancy housing type near hospitality jobs, in part targeting homeless populations.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Implemented communitywide plans:	
No strategies have been implemented:	

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1D-1. Select the systems of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities	X
None:	

1D-2. Select the systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.
(limit 1000 characters)

All boxes were checked

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

1E-1. Explain how the CoC's coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.
(limit 1000 characters)

Moving from a centralized entry to coordinated assessment has been the focus of the COC.Diversion and prescreening will use a questionnaire to determine at-risk of homelessness and literal homelessness.If homeless an immediate referral will be made for a centralized intake.Appropriate referrals will be provided. Referrals are completed for shelter and recorded in HMIS.Mobile outreach will be trained to complete a VI-SPDAT assessment.Centralized entry staff work with individuals at shelters to complete VI-SPDAT within 7 days of entry.Centralized intake staff provide case management services and enter all activity in HMIS.VI-SPDAT assessment tool is used to further determine level of need, housing referral type, and consistent with CoC prioritizations as a base for referrals.After assessment individuals are quickly referred to appropriate housing and/or placed on the prioritized waitlist.Individual needs will be matched appropriately to housing with services provided.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC's geographic area, select "Not Applicable."   If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Not Applicable
Local Government Staff/Officials	X					
CDBG/HOME/Entitlement Jurisdiction	X					
Law Enforcement	X					
Local Jail(s)	X					
Hospital(s)	X					
EMT/Crisis Response Team(s)	X	X			X	
Mental Health Service Organizations	X	X	X		X	
Substance Abuse Service Organizations	X	X	X		X	
Affordable Housing Developer(s)						X
Public Housing Authorities	X		X			
Non-CoC Funded Youth Homeless Organizations	X	X	X	X	X	
School Administrators/Homeless Liaisons	X	X	X		X	
Non-CoC Funded Victim Service Organizations	X	X	X	X	X	
Street Outreach Team(s)	X	X	X	X	X	
Homeless or Formerly Homeless Persons	X	X			X	

	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐

1F. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	21

How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	0

How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	21

Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	X

Performance outcomes from APR reports/HMIS	
Length of stay	X
% permanent housing exit destinations	X
% increases in income	X

Monitoring criteria	
Participant Eligibility	X
Utilization rates	X
Drawdown rates	X
Frequency or Amount of Funds Recaptured by HUD	X

Need for specialized population services	
Youth	X
Victims of Domestic Violence	X
Families with Children	X
Persons Experiencing Chronic Homelessness	X
Veterans	X

None	

1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

The Rank and Review Committee (R&R) is responsible for reviewing and ranking project applications. R&R looked to increase housing specifically RRH and PSH, add Coordinated Entry and HMIS through reallocation and elimination of programs,and strongly evaluated TH projects.Projects were evaluated on the following criteria of system performance, meeting a need for a significant hard to serve population and other priorities established by the COC.Additionally the committee reviewed projects based on utilization, outcome performance, priority to Continuum of Care goals, alignment with HUD priorities,compliance with HUD requirements,and fiscal grants management.Each Project Application was scored individually with ranking priority determined by committee consensus.All applicants were notified directly regarding the recommendations of the Rank and Review Committee.Specific attention was made regarding projects who serve those with the most needs and vulnerabilities.

1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached)
(limit 750 characters)

The City of St. Louis as the Collaborative Applicant took the information from the Rank and Review Committee and posted it on October 21st 2015 via the City's Website, Twitter, email, and public posting to describe the process, the evaluation and ranking scores.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.)

10/21/2015

1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)

Yes

1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)

10/21/2015

1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW?   Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients.
(limit 1000 characters)

Rank and Review is the CoC committee that evaluates the performance of CoC Program recipients. This committee has established evaluation criteria for new and renewal CoC funded projects based on HUD priority outcomes, HUD requirement, HEARTH ACT requirements and other data approved by COC. For renewal agencies, each program was asked to describe their program and outcomes. The HMIS Lead provides data from present HMIS system to score outcomes and each agency is allowed to present their data to address discrepancies. For new agencies, the City of St. Louis Homeless Services Division opens Requests for Proposals. The proposals are submitted to Rank and Review for evaluation. To avoid conflict of interest scoring was completed by individuals who had no association to the programs. Final review and ranking is conducted by individuals who do not receive any COC funding.

1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps?   Yes

1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing?   Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2A-1. Does the CoC have a governance charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the charter itself or by reference to a separate document like an MOU? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, must also be attached to receive credit.

Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU.

Article VII, Section 2.13 pages 3-4

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application.

Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)?

Yes

2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)? Applicant will enter the HMIS software name (e.g., ABC Software).

Compass Rose

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? Applicant will enter the name of the vendor (e.g., ABC Systems).

Municipal Information System, Inc.

2B. Homeless Management Information System (HMIS) Funding Sources

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2B-1. Select the HMIS implementation coverage area: Single CoC

* 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	$100,000
ESG	$27,500
CDBG	$0
HOME	$0
HOPWA	$0
Federal - HUD - Total Amount	$127,500

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	$0
Department of Health and Human Services	$0
Department of Labor	$0
Department of Agriculture	$0
Department of Veterans Affairs	$0
Other Federal	$0
Other Federal - Total Amount	$0

2B-2.3 Funding Type: State and Local

Funding Source	Funding
City	$0
County	$0
State	$0
State and Local - Total Amount	$0

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	$0
Organization	$0
Private - Total Amount	$0

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	$0
Other - Total Amount	$0

2B-2.6 Total Budget for Operating Year	$127,500

2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy):   01/28/2015

2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	614	74	370	68.52%
Safe Haven (SH) beds	18	0	18	100.00%
Transitional Housing (TH) beds	757	90	642	96.25%
Rapid Re-Housing (RRH) beds	0	0	0	
Permanent Supportive Housing (PSH) beds	1,349	0	1,163	86.21%
Other Permanent Housing (OPH) beds	0	0	0	

2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months.
(limit 1000 characters)

One faith based "off the grid" large shelter does not participate in HMIS. NLEC does not receive ESG or any other federal assistance. The City of St. Louis is working to zone appropriately the facilities and encourage participation in the community COC process and coordinated entry. Their participation will be voluntary but the COC is working hard to strongly engage these shelters to be collaborate in the delivery of emergency shelter.

2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below. (limit 1000 characters)

VA Domiciliary (VA DOM):	
VA Grant per diem (VA GPD):	
Faith-Based projects/Rescue mission:	X
Youth focused projects:	
HOPWA projects:	
Not Applicable:	

2C-4. How often does the CoC review or assess its HMIS bed coverage?   Semi-Annually

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	10%	2%
3.3 Date of birth	0%	0%
3.4 Race	0%	1%
3.5 Ethnicity	0%	1%
3.6 Gender	0%	0%
3.7 Veteran status	0%	0%
3.8 Disabling condition	0%	4%
3.9 Residence prior to project entry	2%	12%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	6%	43%
3.15 Relationship to Head of Household	49%	0%
3.16 Client Location	18%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	72%	0%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	X
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	X
Annual Homeless Assessment Report (AHAR) table shells:	X

	☐
None	☐

2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR?   12

2D-4. How frequently does the CoC review data quality in the HMIS?   Semi-Annually

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both?   Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	☐
VA Grant and Per Diem (GPD):	X
Runaway and Homeless Youth (RHY):	☐
Projects for Assistance in Transition from Homelessness (PATH):	☐
	☐
None:	☐

2D-6a. If any of the federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the federal partner program and the anticipated start date.
(limit 750 characters)

Through the Vets@Home TA we expect to incorporate the local VA into HMIS but we do not have a date to begin. We expect it to be in 2016.

2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy): 01/28/2015

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy): 05/14/2015

2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:

Complete Census Count:	X
Random sample and extrapolation:	
Non-random sample and extrapolation:	

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	X
HMIS plus extrapolation:	
Interview of sheltered persons:	X
Sample of PIT interviews plus extrapolation:	

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology.
(limit 1000 characters)

The sheltered count included emergency shelters, transitional housing programs and safe havens. Providers who use the CoC HMIS system were asked to ensure timely input and update of clients, ensuring all exits and arrivals were current for the PIT count night.
Non-network shelter providers or network providers not currently using HMIS collected data by manual census on night of PIT count. One large non-network shelter would not cooperate or participate in manual census, so PIT census takers stood outside the shelter entrance and conducted census interviews.
The CoC, service agencies and volunteers attempted to identify through the sheltered count homeless people who were sheltered, as defined in 24 CFR 578.3
The final count and compilations were derived by combining the HMIS data with hand tallies from the manual census forms.
This methodology was selected based on past practices and as a reasonable means of deriving an accurate sheltered PIT count.

**2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count).
(limit 1000 characters)**

The sheltered PIT Count in 2014, and prior years, involved using HMIS and some paper survey questions but did not actively and consistently seek the off the grid shelter programs. Additionally the time of the day when data was collected was not consistent amongst service providers. There was significant sentiment in the CoC that a lunch hour canvass is not well calculated to reach persons who work or have an opportunity to shower during the day, and so the canvassing hours were shifted to the evening – with overflow shelters opened and meals served (even though weather conditions were relatively mild) as a means of expanding reach and enticing participation of all providers and homeless people.

2F-5. Did your CoC change its provider coverage in the 2015 sheltered count?   Yes

**2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count.
(limit 750 characters)**

Provider coverage for Emergency Shelter added to the 2015 sheltered count Assisi House and Missionaries of Charity, and no longer included in the sheltered count Sunshine Missions and New Life Evangelistic Center's shelter for women and children – with Sunshine Missions and New Life Evangelistic Center still engaged in providing shelter, but historically not participating in the CoC's HMIS and not always participating, year to year, in manual census counts.

Provider coverage for Transitional Housing added to the 2015 sheltered count Our Ladies Inn and Redevelopment Opportunities for Women, and no longer included in the sheltered count Annie Malone and Gateway 180 (which shifted programming to ES).

2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	X
Provider follow-up:	X
HMIS:	X
Non-HMIS de-duplication techniques:	

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

For the sheltered PIT count in 2015, the CoC, through the Department of Human Services, initiated a comprehensive post-submission quality assurance review both by an ad hoc committee and independent consultant after it appeared that HMIS data had not been fully submitted and assembly for the PIT night.
The data errors detected by the quality assurance review team demonstrate that mistakes of this kind could have been – and in future counts, will be–prevented prior to submission by building in broader participation of partner agencies and providing extra attention to detail through layers of review by independent, experienced eyes.

2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count? Yes

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/28/2015

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 05/14/2015

2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:

Night of the count - complete census:	X
Night of the count - known locations:	X
Night of the count - random sample:	
Service-based count:	
HMIS:	

2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected its unsheltered PIT count methodology.
(limit 1000 characters)

Information regarding unsheltered homeless population was collected by several outreach teams using a manual census form on the night of the PIT count. These teams canvassed between the hours of 6 p.m. and 9 p.m.

In an effort to reach out to a potentially greater number of hard to reach unsheltered individuals, the City of St. Louis' cold weather shelter and cold weather shelters organized by St. Louis Winter Outreach were opened and meals were serviced to entice a greater number of unsheltered people to participate in the PIT Census Count and reveal where they had spent the previous night.

The canvassing consisting of interview from a questionnaire form, that sought to determine status as homeless, and where interviewees slept the previous night, as well as demographic, needs assessment and general treatment information.

The CoC selected the methodology based on past practices for the unsheltered PIT Count as a reasonable means of deriving an accurate count.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count).
(limit 1000 characters)

It appears that an unsheltered PIT count was not conducted or recorded in 2014, as the unsheltered PIT count for 2014 is reflected and confirmed as zero in HUD HDX. The unsheltered PIT Count in 2013, and prior years, involved canvassing potential unsheltered populations during the lunch hour in a "service count" in which areas were selected based on where people who are homeless routinely gather for a lunch meal. There was significant sentiment in the CoC that a lunch hour canvass is not well calculated to reach unsheltered persons who work or have an opportunity to shower during the day, and so the canvassing hours were shifted to the evening – with overflow shelters opened and meals served (even though weather conditions were relatively mild) as a means of expanding reach and enticing participation of potentially unsheltered persons.

2I-4. Does your CoC plan on conducting   Yes
an unsheltered PIT count in 2016?

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:

Training:	X
"Blitz" count:	
Unique identifier:	
Survey question:	X
Enumerator observation:	
None:	

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method).
(limit 1000 characters)

It appears that an unsheltered PIT count was not conducted or recorded in 2014, as the unsheltered PIT count for 2014 is reflected and confirmed as zero in HUD HDX.

For the unsheltered PIT count in 2015, The CoC, through the Department of Human Services, initiated a comprehensive post-submission quality assurance review after it appeared that one homeless subpopulation had been over counted, and the tabulated total exceeded what canvassers' recall having experience in the field.

An ad hoc review committee made up of data experienced personnel from service agencies reexamined the field questionnaires designated as unsheltered for purposes of the count. It found tabulation errors. This led a thorough reexamination by an independent consultant of all of the PIT and HIC data.

The updated and corrected HIC and PIT data was submitted and accepted by HUD.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

		2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons		1,354	1,312	-42
Emergency Shelter Total		641	554	-87
Safe Haven Total		19	24	5
Transitional Housing Total		598	622	24
Total Sheltered Count		1,258	1,200	-58
Total Unsheltered Count		96	112	16

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons		2,980
Emergency Shelter Total		2,047
Safe Haven Total		14
Transitional Housing Total		1,206

3A-2. Performance Measure: First Time Homeless.

Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.
(limit 1000 characters)

The COC approved plans to reduce homelessness as part of its strategic plans in 2015.The plan calls for full implementation of the Coordinated Assessment with a concentrated focus on diversion and prevention.The transformation of the COC system from a homeless service approach to a crisis service approach with increased system coordination, discharge planning, and aligning of resources towards these strategic initiatives consistent with the Opening Doors Priorities was approved.The COC will be fully implementing the Coordinated Assessment that will utilize a screening tool designed to determine the likelihood of becoming homeless.The City of St. Louis looks to utilize ESG resources typically used for shelter with the initiatives of reducing homelessness through prevention and diversion.Increasing coordination between systems in accordance with the MO Mandated Discharge plan will provide opportunities to "close the door" into homelessness from inappropriate discharges.

3A-3. Performance Measure: Length of Time Homeless.

Describe the CoC's efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.
(limit 1000 characters)

As part of the COC's Strategic Initiatives and System Performance Measurements,local benchmarks were approved that included decreasing length of stays in ES and TH programs.Data from across the country as well as locally was used to establish goals for programs.The coordinated assessment model and implementation of a centralized waitlist allows the COC to prioritize homeless people based on length of time homeless and other key priorities,such as veterans,families, unaccompanied youth,victims of domestic violence and medically fragile.These strategies provide access to available housing throughout the system quicker and decreasing the length of time waiting on placements.Implementation of the prioritization of chronic through PSH turnover and move outs allows the system to move long stayers through quickly.A greater emphasis on RRH for those who fall in the middle group who need financial assistance with modest case management will be increased through this year's application.

* 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited	695
Of the persons in the Universe above, how many of those exited to permanent destinations?	490
% Successful Exits	70.50%

3A-4b. Exit To or Retention Of Permanent Housing:

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH	1,748
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	1,603
% Successful Retentions/Exits	91.70%

3A-5. Performance Measure: Returns to Homelessness:

Describe the CoC's efforts to reduce the rate of individuals and families who return to homelessness.   Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness.
(limit 1000 characters)

The CoC has identified and implemented the following strategies and specific efforts to reduce the rate at which individuals and families return to homelessness:
1.) Utilization of standardized assessment tool, diversion resources and coordinated entry. The regular and accurate use of the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT), integrated with HMIS, has assisted CoC shelter providers in the recommending and referring the most fitting housing and support intervention for each household screened.
2.) Assisting households to increase income; and
3.) Assisting households to improve housing stability. CoC providers are providing intentional case management and community-based referrals focused on the recognition that strengthened financial and housing stability will decrease returns to homelessness. HMIS data is reviewed relative to these CoC-approved performance measures.

3A-6. Performance Measure: Job and Income Growth.

Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy).
(limit 1000 characters)

Stable income that meets basic human needs and maintains housing is a critical component in ending homelessness. The St. Louis Continuum of Care works with partners that are both CoC and non-CoC funded to meet this need. These partners include nonprofit, for-profit and government resources. The St. Louis City CoC has renewed funds for Employment Services provided through St. Patrick Center. Additionally, members of the CoC make referrals to employment programs through existing services in the community. Micro enterprise is one strategy that case managers are helping clients to explore. It is especially effective for people who have difficulty identifying traditional jobs such as ex-offenders. For individuals who are unable to work, access to benefits is the best source of income, the CoC requires that CoC funded agencies have SSI/SSDI Outreach, Access and Recovery (SOAR) trained professionals. Non-CoC funded agencies can also participate.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income.
(limit 1000 characters)

The St. Louis City Continuum of Care works with a diverse set of partners through government, nonprofit and for-profit agencies and organizations. The agencies that provide employment training and job placement
include the following partnerships:

Building Employment Skills for Tomorrow (St. Patrick Center)
Connections for Success
Construction Training School of St. Louis
Downtown STL, Inc. through the Clean Team program
Employment Connections
Justine Peterson (micro enterprise)
Homeless Employment Program (St. Patrick Center)
Homeless Veterans Reintegration Project (St. Patrick Center)
Kelly Services
Labor Ready
McMurphy's Café (St. Patrick Center)
MERS/Goodwill
Missouri Division of Workforce Development
Redevelopment Opportunities for Women/Family Resource Center
St. Louis Area Training and Employment (SLATE)
St. Louis Job Corps
St. Louis Youth build
Urban League

3A-7. Performance Measure: Thoroughness of Outreach.

How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?
(limit 1000 characters)

The COC outreach teams engage persons living in vacant buildings, on the streets, and places not meant for human habitation throughout the geographic area. Workers engage clients to build relationships and engage for housing opportunities.Through sites such as the Bridge the community's day shelter staff work with clients to offer linkages to needed services and referrals for housing. The Bridge will become the Coordinated Entry Provider to assure both those who are unsheltered and sheltered have access to services and housing. Additionally there are informal groups who provide various levels of street outreach. The Winter Outreach and a staff member from a local homeless provider periodically scan the City for unsheltered homeless most at risk and provide them with welfare comfort kits equipped with food and blankets. These volunteer outreach providers coordinate with shelters when an unsheltered person expresses interest in accessing shelter.

3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)? No

3A-7b. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?
(limit 1000 characters)

The City of St. Louis and the COC did not exclude areas within the geographic area. In 2015 the COC strategically decided to include all areas within the geographic area of the COC to assure an accurate reflection of the homeless count in the City of St. Louis.

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

		2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons		225	110	-115
Sheltered Count of chronically homeless persons		174	33	-141
Unsheltered Count of chronically homeless persons		51	77	26

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed.
(limit 1000 characters)

It appears that an unsheltered PIT count was not conducted or recorded in 2014, as the unsheltered PIT count for 2014 is reflected and confirmed as zero in HUD HDX. Overall there was a significant reduction in chronic homelessness from 2014 (including the unsheltered count in 2013) when compared to the 2015 PIT. This may be explained by providers prioritizing chronic homeless for placement when vacancies exist through turnover. Additionally DMH the largest provider of shelter plus care is also prioritizing and or dedicating future placements to be targeted for chronic homeless. There also was a modest increase in the unsheltered count, as reported in the PIT in 2015 compared to 2013. This may be explained by a change in methodology in the unsheltered count, in which canvassing hours for the 2015 PIT were shifted and overflow shelters opened and meals served as a means of expanding reach and enticing participation in the count by persons who may have been unsheltered the prior evening.

3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (read only)

The City of St. Louis is committed to the national goal ending chronic homelessness by 2015 as outlined in the 10-Year Plan to End Chronic Homelessness. Last year, the City used ESG-funded RRH to house 124 chronically homeless persons through The BEACH Project. In order to increase the number of PSH beds for CH persons, the City has the following strategies in 2014-2015:
-Reallocate ANCHORSS; a CoC-funded SSO project to RRH in order to house the LAST CH persons and ultimately end chronic.
- City of St. Louis, VA and the local PHA's new initiative called Operation: REVEILLE will rapidly re-house every homeless veteran (CH & non-CH) in 2014.
- City of St. Louis' new initiative called the T.E.A.C.H. Project, similar to ESG-funded The BEACH Project, but will use CoC-funding to END chronic homelessness.
-Mental Health Department will use 35 new PSH vouchers.
-Create new permanent supportive housing as needed. Currently, the City is on target to meet its goal, as outlined in its 10-Year Plan to End Chronic Homelessness, of establishing 500 beds for chronically homeless persons by 2015.

3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished? (limit 1000 characters)

The St. Louis City CoC is committed to the goals outlined in the Federal Strategic Plan, Opening Doors.While the initiatives laid out in FY 2013/14 CoC application were implemented, it was through its execution that the CoC realized further steps were needed in order to align with Housing First.Through the BEACH Project and Operation REVEILLE, St. Louis was able to establish rapid rehousing and permanent supportive housing. However, through this experience, the CoC learned that because coordinated entry and common assessment were not fully implemented, there were difficulties retaining participants in housing and St. Louis City had not reached ending chronic homelessness.
The experiences from the FY13/14 initiatives have helped us to better research, plan and evaluate the CoC's next steps. The CoC has accelerated its progress towards making the appropriate changes so that the St. Louis community can become fully aligned with Housing First and reach "functional zero."

3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	313	329	16

3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count.
(limit 1000 characters)

DMH the primary provider of shelter plus care increased their beds by cost savings through rental units that are below FMR but still meeting HQS standards. This increased the number of Chronic beds available. Other providers also were able to increase their housing units by cost savings of below FMR and prioritizing beds for chronic homeless.

3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ?   Yes

3B-1.4a. If "Yes", attach the CoC's written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC's update. page 6

3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness		FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.		750
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.		65
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.		65
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.		100.00%

3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes

This question will not be scored.

3B-1.6a. If "Yes," what are the strategies implemented by the CoC to maximize current resources to meet this goal? If "No," what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017?
(limit 1000 characters)

Overall the City of St. Louis recorded a significant reduction in chronic homelessness from 2014 (including unsheltered PIT count from 2013) when compared to 2015 PIT. We believe the overall reduction in chronic homelessness is a better reflection of the efforts to end chronic homelessness of the City of St. Louis and the COC. Strategies include all providers prioritizing chronic homeless for placement when vacancies exist through turnover as evident in this year's renewals. Additionally DMH the largest provider of shelter plus care is also prioritizing and or dedicating future placement to be targeted for chronic homeless. Increasing services post
placement from shelters targeted to preventing future episodes of homelessness and increasing prevention and diversion efforts targeted to those previously homeless will also help reduce recidivism and potentially becoming chronically homeless due to repeated episodes of homelessness.

3B. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).

Vulnerability to victimization:	X
Number of previous homeless episodes:	X
Unsheltered homelessness:	X
Criminal History:	
Bad credit or rental history (including not having been a leaseholder):	
Head of household has mental/physical disabilities:	X
N/A:	

3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter.
(limit 1000 characters)

Full implementation of the Coordinated Entry and Centralized waitlist is planned for 2016 along with the goals and expectations of that was developed by the COC in 2015 which includes monitoring system performance more closely to assure programs work towards meeting this goal. The new RRH project included in this years NOFA will significantly increase the availability of RRH for those meeting the criteria. Providers were selected who demonstrated the ability to assess and rapidly rehouse families immediately. The City of St. Louis and the COC will continue to work with existing TH programs to better align with the objective of rapidly rehousing families.

3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve families in the HIC:	0	0	0

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	X
There is a method for clients to alert CoC when involuntarily separated:	
CoC holds trainings on preventing involuntary family separation, at least once a year:	X
None:	

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

PIT Count of Homelessness Among Households With Children

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: **Total PIT Count of sheltered** **and unsheltered homeless** **households with children:**	151	208	57
Sheltered Count of homeless **households with children:**	147	205	58
Unsheltered Count of homeless **households with children:**	4	3	-1

3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

In 2015 The City of St. Louis COC saw a decrease in unsheltered households with children compared to the 2013 PIT count for unsheltered households with children. While the decrease is slight (1) any decrease in family unsheltered homeless is remarkable. Shelter and outreach programs throughout the geographic area of the City of St, Louis have made ending family homelessness a high priority. Work to quickly identify and link to appropriate shelter and services continues to be an overall emphasis for the COC. With new projects such as this year's RRH project will continue to our efforts in reducing/eliminating all family homelessness.

3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:

Human trafficking and other forms of exploitation?	No
LGBTQ youth homelessness?	No
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	No
Positive Youth Development, Trauma Informed Care, **and the use of Risk and Protective Factors in** **assessing youth housing and service needs?**	Yes
Unaccompanied minors/youth below the age of 18?	Yes

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	☐
Increase housing and service options for youth fleeing or attempting to flee trafficking:	☐

Specific sampling methodology for enumerating and characterizing local youth trafficking:	☐
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	X
Community awareness training concerning youth trafficking:	X
	☐
N/A:	☐

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)

Vulnerability to victimization:	X
Length of time homeless:	X
Unsheltered homelessness:	X
Lack of access to family and community support networks:	X
	☐
	☐
N/A:	☐

3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2104)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	9	9	0

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why.
(limit 1000 characters)

The number remained the same.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	$291,411.00	$268,144.00	($23,267.00)
CoC Program funding for youth homelessness dedicated projects:	$266,430.00	$213,144.00	($53,286.00)
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	$24,981.00	$55,000.00	$30,019.00

3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	0
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	1
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	5

3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local eduction liaisons and State educational coordinators.
(limit 1000 characters)

The St. Louis City CoC has begun initial discussions with local education liaisons and State educational coordinators on initiatives to address youth homelessness. This Fall, a representative from the St. Louis City CoC was able to address educators from the St. Louis Region in a one-day workshop called Journey of Understanding: The Road to Educational Excellence for Students in Transition. This event was a special day-long training opportunity for social service providers and school district personnel who are focused on ensuring that homeless students stay in school and succeed academically. Through this event, participants were invited to join the St. Louis City CoC and a couple of participants have since attended meetings. The St. Louis City CoC will continue to engage with educational coordinators and liaisons to further develop strategies to prevent/end youth homelessness.

3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenilee justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)

The CoC has ongoing collaboration with St. Louis Public Schools (SLPS) and related programs (International Welcome School, Head Start, contract schools and charter schools) to identify homeless students and inform families of eligibility for McKinney-Vento education services.

Children also are identified from enrollment forms and referrals from Juvenile Officers, Division of Family Services, shelter staff and SLPS support staff.

SLPS conducts needs assessments on how best to serve students and families, with students and families provided a listing of CoC providers and services.

KKIDS (Keeping Kids in District Schools) also is an extension of the St. Louis City and St. Louis County CoCs, which provides training, networking, and local policy setting for addressing the educational needs of students who are homeless, and includes participation of SLPS, 30+ school districts in surrounding counties, 35+ social service agencies (most of whom are members of CoCs throughout the region).

Legal Services of Eastern Missouri (LSEM), a CoC member, with the assistance of the City and County CoCs , organizes trainings for professionals and school district personnel who serve students who are homeless.

The Homeless Adolescent Task Force (HATF) also operates as an informal extension of the CoC and other CoCs in the region. HATF seeks to prevent and end youth homelessness through networking, advocacy and intervention across multiple disciplines. Members include attorneys, social workers, health and mental health care providers, school district personnel, child protection and family court personnel, shelter workers and social service providers, as well as most RHYA-funded agencies.

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	160	138	-22
Sheltered count of homeless veterans:	140	125	-15
Unsheltered count of homeless veterans:	20	13	-7

3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count.
(limit 1000 characters)

The City of St. Louis and COC providers have increased coordination and participation in the delivery of services to Veterans. Additionally with projects focused specifically for veterans such as Project Reveille and increases in SSVF placements has resulted in reductions in veteran homelessness.

3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF?
(limit 1000 characters)

Coordination between VA outreach workers and shelters and outreach workers are occurring regularly as well as the addition of programs such as SSVF located in the largest homeless provider organization with in our continuum. The fully implemented Coordinated entry and centralized waitlist in 2016 will also be positioned to identify and quickly assess veterans and place into housing as veterans are identified as a priority population for PSH housing.

3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population? (limit 1000 characters)

Through the Coordinated Entry and Centralized waitlist workers will be able to quickly identify veterans who are not eligible for veteran services for various reasons and quickly assess for the appropriate long term housing solution and link to appropriate organizations for services. Veterans are prioritized for COC housing placements regardless of veteran services eligibility status. Only housing that is specific to veterans with veteran eligibility requirements would be excluded.

3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	56	138	146.43%
Unsheltered count of homeless veterans:	18	13	-27.78%

3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015.

No

This question will not be scored.

3B-3.5a. If "Yes," what are the strategies being used to maximize your current resources to meet this goal? If "No," what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015? (limit 1000 characters)

The St. Louis CoC will participate in the Vets@Home TA beginning late 2015. Together we will look for ways to reduce barriers, increase access to permanent housing and services, and create the infrastructure that will support the movement into housing for every single veteran experiencing homelessness. Through Vets@Home, the St. Louis CoC will receive technical assistance. Technical assistance will involve guidance on setting local goals; identifying key strategies; facilitating access to resources, such as tools, guides, webinars, etc.; connecting to peers; reviewing and consulting on how to improve local processes and partnerships; providing expertise on national best practices; and/or facilitating conversations locally.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and mainstream program changes that can affect homeless clients?   Yes

4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	25
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	25
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

**4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants.
(limit 1000 characters)**

Affinia Healthcare provides healthcare services to many program participants, and Places for People is itself a mental healthcare organization, but others with whom programs collaborate include St. Louis Department of Health, Family Health Care Centers, Washington University Medical School Clinic, Grace Hill Clinics, People's Health Care Center, Master Medical Care, LLC, North Central Community Health Care, SSM Healthcare, Barnes Jewish Hospital/Siteman Cancer Services.

Most program participants in many programs are disabled and enrolled in Medicaid.

Some programs maintain numeric goals for program participants connected to health services and total numbers of health visits each year.

4A-4. What are the primary ways that the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available?

Educational materials:	X
In-Person Trainings:	X
Transportation to medical appointments:	X
Not Applicable or None:	

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.

FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	25
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	25
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	100%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	25
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	25
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	100%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	X
Use of phone or internet-based services like 211:	X
Marketing in languages commonly spoken in the community:	
Making physical and virtual locations accessible to those with disabilities:	X
Not applicable:	

4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.

		2014	2015	Difference
RRH units available to serve any population in the HIC:		0	0	0

4B-5. Are any new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction?   No

4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?
(limit 1000 characters)

NA

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?   No

4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

NA

4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 CoC Program Competition?   No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

NA

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application.   No

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	
CoC Systems Performance Measurement:	
Coordinated Entry:	
Data reporting and data analysis:	
HMIS:	
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	
Maximizing the use of mainstream resources:	
Retooling transitional housing:	
Rapid re-housing:	
Under-performing program recipient, subrecipient or project:	
Not applicable:	

4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance

4C. Attachments

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

For required attachments related to rejected projects, if the CoC did not reject any projects then attach a document that says "Does Not Apply".

Document Type	Required?	Document Description	Date Attached
01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects	Yes	Evidence of the C...	11/15/2015
02. 2015 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure	Yes	COC Rating and Re...	11/15/2015
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	Rating and Review...	11/15/2015
05. CoCs Process for Reallocating	Yes	COC Process for R...	11/15/2015
06. CoC's Governance Charter	Yes	COC Governance Ch...	11/15/2015
07. HMIS Policy and Procedures Manual	Yes	HMIS Policy and P...	11/15/2015
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PHA Admin Plan	11/15/2015
10. CoC-HMIS MOU (if referenced in the CoC's Goverance Charter)	No		
11. CoC Written Standards for Order of Priority	No	Written Standards...	11/15/2015
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes	No		
13. Other	No	Discharge Plan	11/15/2015
14. Other	No		
15. Other	No		

Attachment Details

Document Description: Evidence of the COC communication to rejected projects

Attachment Details

Document Description:

Attachment Details

Document Description: COC Rating and Review Procedure

Attachment Details

Document Description: Rating and Review Public Posting Evidence

Attachment Details

Document Description: COC Process for Reallocating

Attachment Details

Document Description: COC Governance Charter

Attachment Details

Document Description: HMIS Policy and Procedure Manual

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Admin Plan

Attachment Details

Document Description:

Attachment Details

Document Description: Written Standards for order of priority

Attachment Details

Document Description:

Attachment Details

Document Description: Discharge Plan

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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1A. Identification	11/12/2015
1B. CoC Engagement	11/13/2015
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1D. CoC Discharge Planning	11/12/2015
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1F. Project Review	11/13/2015
1G. Addressing Project Capacity	11/12/2015
2A. HMIS Implementation	11/12/2015
2B. HMIS Funding Sources	11/12/2015
2C. HMIS Beds	11/12/2015
2D. HMIS Data Quality	11/12/2015
2E. Sheltered PIT	11/13/2015
2F. Sheltered Data - Methods	11/16/2015
2G. Sheltered Data - Quality	11/16/2015
2H. Unsheltered PIT	11/16/2015
2I. Unsheltered Data - Methods	11/16/2015
2J. Unsheltered Data - Quality	11/16/2015
3A. System Performance	11/16/2015
3B. Objective 1	11/16/2015
3B. Objective 2	11/16/2015
3B. Objective 3	11/13/2015
4A. Benefits	11/12/2015
4B. Additional Policies	11/12/2015
4C. Attachments	Please Complete
Submission Summary	No Input Required

1. 2015 COC Consolidated Application: Evidence of the COC's Communication to Rejected Projects.

The City of Saint Louis
DEPARTMENT OF HUMAN SERVICES
DIRECTOR'S OFFICE
1520 MARKET STREET -- ROOM 4065
ST. LOUIS, MO 63103-2613
(314) 612-5900
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FRANCIS G. SLAY
MAYOR

EDDIE ROTH
DIRECTOR

October 16, 2015

ArchCity Defenders
Thomas Harvey, Executive Director
812 N. Collins
St. Louis, MO 63102

Re: Legal Services for the Homeless: Rapid Rehousing new project Proposal for 2015 Continuum of Care Program Application

Dear Mr. Harvey:

We are grateful to ArchCity Defenders for its submitting a Rapid Rehousing project proposal.

I write to notify you that your Rapid Rehousing project was not accepted for inclusion St. Louis City application in the 2015 HUD Continuum of Care Program Competition.

I also write to provide you with an explanation of the decision why your project was not accepted. The Rank and Review Committee of the Continuum of Care conducted a thorough examination and scoring of each of the proposals. The committee's recommendations were considered, approved and adopted both by the Continuum of Care Board and the City of St. Louis' Professional Services Agreement Selection Committee.

The attached criteria and scoring sheets explain the relative strengths and weaknesses of the competing projects, including yours, with higher scoring projects being included in the application. I also have attached a sheet that sets forth the final rankings of all projects, renewals and new projects, not limited to Rapid Rehousing, in Tier 1 and Tier 2, to be included in the application.

Many thanks for your participation and best wishes.

Sincerely,

Eddie Roth
Director

The City of Saint Louis

DEPARTMENT OF HUMAN SERVICES

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1520 MARKET STREET -- ROOM 4065
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FRANCIS G. SLAY
MAYOR

EDDIE ROTH
DIRECTOR

October 16, 2015

ArchCity Defenders
Thomas Harvey, Executive Director
812 N. Collins
St. Louis, MO 63102

Re: Coordinated Entry for Women new project Proposal for 2015 Continuum of Care Program Application

Dear Mr. Harvey:

We are grateful to ArchCity Defenders for its submitting a Coordinated Entry for Women project proposal.

I write to notify you that your Coordinated Entry for Women project was not accepted for inclusion St. Louis City application in the 2015 HUD Continuum of Care Program Competition.

I also write to provide you with an explanation of the decision why your project was not accepted. The Rank and Review Committee of the Continuum of Care conducted a thorough examination and scoring of each of the proposals. The committee's recommendations were considered, approved and adopted both by the Continuum of Care Board and the City of St. Louis' Professional Services Agreement Selection Committee.

The attached criteria and scoring sheets explain the relative strengths and weaknesses of the competing projects, including yours, with higher scoring projects being included in the application. I also have attached a sheet that sets forth the final rankings of all projects, renewals and new projects, not limited to Coordinated Entry for Women, in Tier 1 and Tier 2, to be included in the application.

Many thanks for your participation and best wishes.

Sincerely,

Eddie Roth
Director

Rapid Rehousing Project Proposal for 2015 CoC Program Application

1 message

Roth, Eddie <rothe@stlouis-mo.gov>   Fri, Oct 16, 2015 at 4:11 PM
To: Thomas Harvey <tharvey@archcitydefenders.org>

Hi Mr. Harvey,

Attached to this email is a letter notification on the above-referenced proposal.

It also has been sent to you by regular mail.

Many thanks.

Eddie Roth

--
Eddie Roth
Director
Department of Human Services
City of St. Louis
1520 Market Street, Room 4065
St. Louis, MO 63103
(314) 657-1650

📄 **arch city rrh letter.pdf**
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Coordinated Entry for Women Proposal for 2015 Continuum of Care Program Application

1 message

Roth, Eddie <rothe@stlouis-mo.gov>   Fri, Oct 16, 2015 at 4:09 PM
To: Thomas Harvey <tharvey@archcitydefenders.org>

Hi Mr. Harvey,

Attached to this email is a letter notification on the above-referenced proposal.

It also has been sent to you by regular mail.

Many thanks.

Eddie Roth

--
Eddie Roth
Director
Department of Human Services
City of St. Louis
1520 Market Street, Room 4065
St. Louis, MO 63103
(314) 657-1650

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The City of Saint Louis
DEPARTMENT OF HUMAN SERVICES
DIRECTOR'S OFFICE
1520 MARKET STREET -- ROOM 4065
ST. LOUIS, MO 63103-2613
(314) 612-5900
FAX: (314) 612-5909

FRANCIS G. SLAY
MAYOR

EDDIE ROTH
DIRECTOR

October 16, 2015

CaseWorthy, Inc.
Richard Ropolo, Senior Sales Executive
740 East 3900 South, Suite 301
Salt Lake City, Utah 84017

Re: HMIS System for 2015 Continuum of Care Program Application

Dear Mr. Ropolo:

We are grateful to CaseWorthy for its submitting an HMIS System project proposal.

I write to notify you that your HMIS System project was not accepted for inclusion St. Louis City application in the 2015 HUD Continuum of Care Program Competition.

I also write to provide you with explanation of the decision why your project was not accepted.

Your application was not complete or in accordance with the RFP requirements. What's more, the Continuum of Care decided that it would not seek funding for any HMIS system proposal as part of the application.

Many thanks for your participation and best wishes.

Sincerely,

Eddie Roth
Director

HMIS System Proposal for 2015 Continuum of Care Program Application

1 message

Roth, Eddie <rothe@stlouis-mo.gov>   Fri, Oct 16, 2015 at 4:05 PM
To: rropolo@caseworthy.com

Hi Mr. Ropolo,

Attached to this email is a letter notification on the above-referenced proposal.

It also has been sent to you today by regular mail.

Many thanks.

Eddie Roth

—

Eddie Roth
Director
Department of Human Services
City of St. Louis
1520 Market Street, Room 4065
St. Louis, MO 63103
(314) 657-1650

📝 **caseworthy letter.pdf**
25K

October 16, 2015

Employment Connection
David Kessel, Chief Operating Officer
2838 Market Street
St. Louis, MO 63103

Re: Project Transition -- Rapid Rehousing new project Proposal for 2015 Continuum of Care
Program Application

Dear Mr. Kessel:

We are grateful to Employment Connection for its submitting Rapid Rehousing project proposal.

I write to notify you that your Rapid Rehousing project was not accepted for inclusion St. Louis
City application in the 2015 HUD Continuum of Care Program Competition.

I also write to provide you with an explanation of the decision why your project was not
accepted. The Rank and Review Committee of the Continuum of Care conducted a thorough
examination and scoring of each of the proposals. The committee's recommendations were
considered, approved and adopted both by the Continuum of Care Board and the City of St.
Louis' Professional Services Agreement Selection Committee.

The attached criteria and scoring sheets explain the relative strengths and weaknesses of the
competing projects, including yours, with higher scoring projects being included in the
application. I also have attached a sheet that sets forth the final rankings of all projects, renewals
and new projects, not limited to Rapid Rehousing, in Tier 1 and Tier 2, to be included in the
application.

Many thanks for your participation and best wishes.

Sincerely,

Eddie Roth
Director

Rapid Rehousing Project Proposal for 2015 CoC Program Application

1 message

Roth, Eddie <rothe@stlouis-mo.gov>
To: David Kessel <kesseld@employmentstl.org>

Fri, Oct 16, 2015 at 4:13 PM

Hi Mr. Kessel,

Attached to this email is a letter notification on the above-referenced proposal.

It also has been sent to you by regular mail.

Many thanks.

Eddie Roth

—

Eddie Roth
Director
Department of Human Services
City of St. Louis
1520 Market Street, Room 4065
St. Louis, MO 63103
(314) 657-1650

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The City of Saint Louis
DEPARTMENT OF HUMAN SERVICES
DIRECTOR'S OFFICE
1520 MARKET STREET -- ROOM 4065
ST. LOUIS, MO 63103-2613
(314) 612-5900
FAX: (314) 612-5909

October 16, 2015

For His Glory Ministries of St. Louis
Pamela Ford, Executive Director
P.O. Box 1942
Maryland Heights, MO 63043

Re: Coordinated Entry for Women new project Proposal for 2015 Continuum of Care Program Application

Dear Ms. Ford:

We are grateful to For His Glory Ministries of St. Louis for its submitting a Coordinated Entry for Women new project proposal.

I write to notify you that your Coordinated Entry for Women project was not accepted for inclusion St. Louis City application in the 2015 HUD Continuum of Care Program Competition.

I also write to provide you with an explanation of the decision why your project was not accepted. The application was not timely submitted in accordance with the Request for Procedure deadline, and was incomplete and did not contain sufficient information on all categories of information requested by the RFP, or provide sufficient information to adequately understand the proposal or enable its review and comparison with competing applications.

Many thanks for your participation and best wishes.

Sincerely,

Eddie Roth
Director

Coordinated Entry for Women new project Proposal for 2015 Continuum of Care Program Application

1 message

Roth, Eddie <rothe@stlouis-mo.gov>   Fri, Oct 16, 2015 at 4:07 PM
To: Pamela Ford <pamelaford98@gmail.com>

Hi Ms. Ford,

Attached to this email is a letter notification on the above-referenced proposal.

It also has been sent to you today by regular mail.

Many thanks.

Eddie Roth

--
Eddie Roth
Director
Department of Human Services
City of St. Louis
1520 Market Street, Room 4065
St. Louis, MO 63103
(314) 657-1650

📄 **for his glory ministry letter.pdf**
28K

The City of Saint Louis
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FRANCIS G. SLAY
MAYOR

EDDIE ROTH
DIRECTOR

October 16, 2015

MISI
Deb Little, Executive Director
1445 South 18th Street
Suite 132
St. Louis, MO 63014

Re: HMIS Lead and System new project Proposals for 2015 Continuum of Care Program
Application

Dear Ms. Little,

We are grateful to MISI for its submitting both an HMIS Lead and HMIS System project
proposal.

I write to notify you that your Rapid Rehousing project was not accepted for inclusion St. Louis
City application in the 2015 HUD Continuum of Care Program Competition.

I also write to provide you with an explanation of the decision why your project was not
accepted. The Rank and Review Committee of the Continuum of Care conducted a thorough
examination and scoring of each of the proposals. The committee's recommendations were
considered, approved and adopted both by the Continuum of Care Board and the City of St.
Louis' Professional Services Agreement Selection Committee.

The attached criteria and scoring sheets explain the relative strengths and weaknesses of the
competing projects for HMIS lead, including yours, with higher scoring project being included in
the application. I also have attached a sheet that sets forth the final rankings of all projects,
renewals and new projects, not limited to Rapid Rehousing, in Tier 1 and Tier 2, to be included
in the application.

Your proposal for HMIS system was not included in the application because the Continuum of Care decided that it would not seek funding for any HMIS system proposal as part of the application.

Many thanks for your participation and best wishes.

Sincerely,

Eddie Roth
Director

3. COC Rating and Review Procedure.

2015 Rank and Review Committee

Process used to get to final ranking

Developed a scorecard to score each program based on HUD priority outcomes, HUD requirement, HEART ACT requirements and other data approved by COC. See attached Scorecards

Developed a renewal application for each program to fill out to describe their program and outcomes. See attached Renewal form

HMIS staff presented #s from present HMIS system to score outcomes. Numbers were based on the 2014 calendar year.

Allowed agencies to present their #s and reasons why if HMIS #s and their #s had discrepancies.

This year we scored on the numbers provided by the agencies for the calendar year. This was due to the transition from MISI ROSIE to COMPASS ROSE. Some of the data was not correctly entered into the present system.

To avoid conflict of interest we set up the scoring to be completed by individuals who had no association to the programs. Final review and ranking was conducted by two individuals who do not receive any COC funding.

Time line of the process included.

Saint Louis Continuum of Care

Rank & Review Committee

<u>2015 Process for Ranking Renewal Projects</u>

8/4/2015   Committee meeting with Department of Human Services and Continuum of Care consultant Tina Patterson to review process and proposed forms. Process authorized by Director Eddie Roth.

8/5/2015   Rank and Review Committee sends the Scorecard and Renewal Review document to each funded project. Projects have one week to complete the documents and submit them to Rank and Review Committee.

8/12/2015   Scorecard and Renewal Review due to Rank and Review by noon. Failure to submit documentation indicates that project does not intend to be funded.

8/13/2015   Rank and Review Meeting to review documents submitted by projects.

Review Process: To reduce potential conflict of interest, six team members will be involved in the ranking process.

- In the first round, a pair of service provider representatives from a Transitional Housing program will review documents from Permanent Supportive Housing providers. A second pair of service provider representatives from a Permanent Supportive Housing program will review documents from Transitional Housing programs.
- In the second round, a pair of provider representatives with no affiliation to either Transitional Housing or Permanent Supportive Housing will review and confirm final ranking.

8/17/2015   Rank and Review will submit recommendations and ranking to the City of Saint Louis Department of Human Services.

Ongoing   Committee will be available to discuss rankings with Department of Human Services staff and Continuum of Care Executive Board as necessary.

City of St. Louis CoC 2015 Renewal Review

I. Agency and Grant Information

Agency Name	
Project Name	
Grant Number	
Grant Start Date	
Contact Person	
Phone/Email	

II. Project Summary

1. Provide a brief summary of your project, including purpose, design and target population. Include steps to prioritizing clients according to the CoC's priority list for PSH housing. Also describe how you will be coordinating placements in your housing programs utilizing the community's new coordinated assessment process. Describe your use of HMIS in data collection.

III. Program Changes

1. Describe any significant changes to your program during the past year or planned for the upcoming grant term, including changes in budget line items, population served, numbers served, program design.

2. Have you executed any grant amendments with the City of St. Louis for this project in the past year (or do you have any unexecuted grant amendment requests)? If yes, please submit as part of this renewal packet.

IV. HEARTH Compliance

HEARTH Requirement	YES or NO
Do you have consumer representation on your Board?	
If you receive Leasing dollars, do you master lease units?	
If you receive Leasing or Rental Assistance dollars, do you comply with the rent reasonableness requirements?	
Are you conducting an Annual Service Needs Assessment for all participants who are enrolled for more than one year?	
Do you comply with Housing Quality Standards (HQS)?	

V. Budget

1. Do you expect that all funds in your 2014 CoC grant will be expended? If not, what amount will not be spent and why.

2. Is there any money in this grant that would be available for reallocation to a new project?

3. Complete the following 2015 CoC budget tables for your CoC program. QUANTITY DESCRIPTIONS MUST BE ENTERED.

SUPPORTIVE SERVICES BUDGET		
Eligible Costs	Quantity Description (400 characters max)	CoC Assistance Requested
Assessment of Services Needs		
Assistance with Moving Costs		
Case Management		
Child Care		

PSH Programs

Education Services		
Employment Assistance		
Food		
Housing/Counseling Services		
Legal Services		
Life Skills		
Mental Health Services		
Outpatient Health Services		
Outreach Services		
Substance Abuse Treatment Services		
Transportation		
Utility Deposits		
Total Services Assistance Requested		

OPERATING BUDGET		
Eligible Costs	Quantity Description (400 characters max)	CoC Assistance Requested
Maintenance/Repair		
Property Taxes & Insurance		
Replacment Reserve		
Building Security		
Electricity, Gas & Water		
Furniture		
Equipment (lease, buy)		
Total Operating Assistance Requested		

LEASING/LONG-TERM RENTAL ASSISTANCE BUDGET							
Size of Units		# of Units		FMR		# of Months		Total Budget
SRO			X		X	12	=	
0 Bedroom			X		X	12		
1 Bedroom			X		X	12		
2 Bedrooms			X		X	12		
3 Bedrooms			X		X	12		
4 Bedrooms			X		X	12		
5 Bedrooms			X		X	12		
6+ Bedrooms			X		X	12		
Total								

SUMMARY BUDGET			
Eligible Costs	CoC Assistance Requested	Match specify cash, in-kind, amount & source	Total
Leased Units			
Leased Structures			
Housing Relocation and Stabilization			
Short-term/Medium Term Assistance			
Long-term Rental Assistance			
Supportive Services			
Operating			
HMIS			
Sub-Total Requested			
Admin (up to 7%)			
Total plus Admin Requested			
Sub-Total Cash Match			
Sub-total In-Kind Match			
TOTAL MATCH			
TOTAL BUDGET			

Match requirements – 25% overall match of total grant minus Leasing costs. Matching funds must be used on eligible CoC program costs. NOTE: Program income, including client rent or occupancy charges, CANNOT be used as match.

VI. Performance

The tables below should be completed using both HMIS data and agency reported.

1. Complete the column for households expected to be served and number who will exit during the 2015 CoC grant term

Households	2014 Calendar Year HMIS Generated	2014 Calendar Year Agency Reported	CoC 2015 Grant Year (Projected)
Total Number of households			
Total Number of households who exited/will exit			

Data Element	2014 Calendar Year HMIS Generated	2014 Calendar Year Agency Reported	2015 System Target
Destination Permanent Housing			47%
Housing Stability			98%
Cash Income – Stayers			70%
Non-Cash Benefits – Stayers			73%
Return to Shelter			17*

2. Provide an explanation as well as specific steps that will be taken to improve your program's outcomes if your program has/is:

   - a variance between the HMIS generated reports and the agency provided reports and what steps are being taken to assure HMIS data completeness and accuracy for 2016.

   - below the system target for our CoC

Complete and return electronically to Rich LaPlume
Chair of the Rank and Review Committee
rich.laplume@depaulusa.org by (August 12, 2015 by 12:00pm)

4

		HMIS #	Agency#	Comments
1	Leavers destination was Permanent Housing- Indivduals who exited the program and moved into permanent housing 10 points for 56% or higher 5 points for 55% -47% zero for below 47% .			
2	Leavers income- Individuals who exited program have increased or maintained their income. 10 points for 76% or higher 5 points for 70% or less zero for below 69%			
2A	Stayes Income			
3	Leavers have increased Non-cash- Benefits-Individuals who exited the programs have obtained all possibile benefits elligible for themselve. 83% or higher 10 pts. 82-80% 5pts. Below 80% zero.			
3A	Stayers have increased Non-cash			
4	Stable housing 6+ months being housed 10 points for 95% or higher 5 points 94% or lower			
5	Has returned to shelter- Individuals who exit the programs have returned to shelter 10 ponts for 0-5% 5 points for 6-13% zero 13% and above.			
6	HMIS Data Performance-			
7	Active in COC- 10 points for 80% or greater in attendance at general metings is a participant on the board or a committee. 5 points for less than 80% participation. Zero points if organization is not active on a committee.			
8	Utilization Rate/Occupancy- 10 points for 95% utilization 5 points for 90% Zero below 90%			
9	Organzational Strength- 10 points for 6 or more years of experience of key staff who administer the grant, 5points for 5-2yrs, zero points for 1 or less. Key staff= Program director, case managers, intake workers			
10	Budget- 10 points for spending down 100%-95% HUD allotted dollars and meets match . 5 points 95%-90%-5pts. Below 90%-zero			
10A	Budget leasing dollars percentage of leasing dollars left on the books			
11	Serves priority population 5pts			
12	Meets HEARTH requirements 5pts			

		HMIS #	Agency #	Comments
1	Leavers destination was Permanent Housing- Indivduals who exited the program and moved into permanent housing 10 points for 66% or higher 5 points for 65% -60% zero for below 60% .			
2	Leavers have income- Individuals who exited program have increased or maintained their income. 10 points for 66% or higher 5 points for 65% or less zero for below 60%			
3	Leavers have Employment Income- Individuals who exit the programs have gained/maintained employment and earned income due to employment 10 points 44% or higher 5 points 43-40% zero below 40%			
4	Leavers have Non-cash-HoH Benefits-Individuals who exit the programs have obtained all possibile benefits elligible for themselve. 83% or higher 10 pts. 82-80% 5pts. Below 80% zero.			
5	Has returned to shelter- Individuals who exit the programs have returned to shelter 10 ponts for 0-5% 5 points for 6-13% zero 13% and above.			
6	Average Length of Stay in TH- for leavers 10 points for less than 290 days or less 5 points for greater than 291 days.			
7	HMIS Data Performance- HMIS socresheet method			
8	Active in COC- 10 points for 80% or greater in attendance at general metings is a participant on the board or a committee. 5 points for less than 80% participation. Zero points if organization is not active on a committee.			
9	Utilization Rate/Occupancy- contracted beds 10 points for 95% utilization 5 points for 90% Zero below 90%			
10	Organzational Strength- 10 points for 6 or more years of experience of key staff who administer the grant, 5 points for 5-2yrs, zero points for 1 or less.			
11	Budget- 10 points for spending down 100%-95% HUD allotted dollars and meets match . 5 points 95%-85%-5pts. Below 85%-zero.			
12	Serves priority population 5pts			
13	Meets HEARTH requirements 5pts			

Review and Ranking Proposal for the CoC application

			Current	Proposed
DePaul – MORE	PH	100	304,904	289,659
Doorways - Maryland	PH	92.6	678,586	644,657
Doorways – Jumpstart	PH	88.9	253,672	240,988
DePaul – PLUS	PH	85.2	425,599	404,319
Doorways – Delmar	PH	81.5	107,221	101,860
St. Patrick Ctr- Project Protect	PH	77.8	460,603	437,573
DMH SZB Chronic	PH	77.8	348,136	330,729
Employment Connection	PH	76	187,511	178,135
Places for People	PH	74.1	223,309	212,144
DMH QoP SCL TRA	PH	74.1	1,614,883	1,534,139
DMH SPC SCQ	PH	70.4	559,840	531,848
DMH Chronic SYC TRA	PH	70.4	412,364	391,746
St. Patrick - Rosati	PH	66.7	555,383	527,614
DMH QoP SZC TRA	PH	66.7	195,071	185,317
DMH Chron. QoP Families SCS SRA	PH	55.6	735,990	699,191
Hope House	TH	78.3	781,272	626,272
Humanitri-Transitional	TH	87	204,407	163,526
YWCA	TH	86	78,092	62,474
Covenant House	TH	69.7	266,430	213,144
Queen of Peace	TH	56.5	610,984	488,787
St. Patrick's Employment	SSO	73.3	310,526	248,413
HMIS	HMIS	NEW	100,000	100,000
The Bridge	SSO	NEW	150,000	150,000
				8,762,535

Rapid ReHousing-St Patrick Ctr	PH	NEW	857,781	857,781
Rapid ReHousing-Gateway180	PSH	NEW	200,900	200,900
New PSH Project-St. Patrick Ctr.	PSH	NEW	488,400	488,400
				1,547,081

ARD= 10,309,830

85% = 8,763,355

15%= 1,546,474

Rank and Review Special Committee Meeting
October 5, 2015

Attendees:
Bonnie Reece
Irene Agustin
Eddie Roth
Trudy Elder
Tina Patterson
Greg Vogleweid
Kim Anderson
Daniel Gray
Rich LaPlume
Char Pfeiffer
Melody Parkins
Steve Campbell
Kim Beck

Meeting called to order by Rich LaPlume: 10:38 am

Goal: Review new CoC project proposals

Greg Vogleweid and Steve Campbell are abstaining from scoring.

Coordinated Entry
Char Pfeiffer with The Bridge Outreach was asked to step out of the room because The Bridge has an application in this section.

Scores:
The Bridge Outreach – 71.4
Arch City Defenders – 63.2

Discussion:
Arch City Defender – experience in direct client work is only focused on individuals and families with legal issues, budget is staff heavy and high level staff is needed, they do not use the Vi-SPDAT as their assessment tool
The Bridge Outreach – consumers use The Bridge as a "front door," experience with the Vi-SPDAT, concern that staffing and budget is too low

Rich LaPlume makes a motion: Rank & Review have selected The Bridge Outreach based on their overall score, knowledge and experience with the Vi-SPDAT. Rank & Review requests that The Bridge re-examine their staffing and budget.

Greg Vogleweid seconds.

Motion passes unanimously.

Permanent Supportive Housing

Steve Campbell with Peter & Paul Community Services (PPCS) was asked to step out of the room because PPCS has an application in this section.

Scores:
St. Patrick Center – 51.0
Peter & Paul Community Services – 50.3

Discussion:
PPCS – Status is in good standing with HUD after some issues were identified, request ask for staffing only and not adding any beds (this may hurt the competitiveness of the St. Louis City CoC application)
St. Patrick Center – this application will be able to absorb women from Shalom House

Rich LaPlume make a motion: Rank & Review have selected St. Patrick Center based on their overall score, add new permanent supportive housing beds to the continuum of car and fill the gap left by the Shalom House closure.

Motion passes unanimously.

Rapid Rehousing

Scores:
St. Patrick Center – 56.28
Gateway 180 – 55.29
Employment Connections – 54.85
Arch City Defenders – 46.00

Discussion:

Organization	# HH served	$ per HH	% to direct svs
St. Patrick Center	75	$5791.89	63%
Gateway 180	40	$5022.50	55%
Employment Connections	20	$5599.90	61%
Arch City Defenders	660 served w/ legal services		

Arch City Defenders – their legal services are valuable; however, they do not have experience in housing, rank & review recommends they partner with St. Patrick Center

Rich LaPlume make a motion: Rank & Review have selected St. Patrick Center based on their overall score, long-standing reputation and amount of people they will serve with this funding.

Melody Perkins seconds.

Motion passes unanimously.

Proposed Ranking Scenario (see attached proposal)
All renewal projects will receive a cut. Permanent Supportive Housing will receive a 5% and Transitional Housing Program will receive a 20% across the board. With these cuts, the projects cannot change the amount of people served.

Tier 2 recommendations
1. St. Patrick Center Rapid Rehousing (partnership with Arch City Defenders - $100,000): $857,781
2. Gateway 180 Rapid Rehousing: $200,900
3. St. Patrick Center Permanent Supportive Housing: $488,400

Rich LaPlume make a motion: Rank & Review recommend proposed ranking scenario to the St. Louis City CoC Board of Directors.

Greg Vogleweid seconds.

Motion passes unanimously. Rich LaPlume proxy for Kim Beck and Melody Perkins.

Scoring and Ranking of New Proposals

Coordinated Assessment

1 The Bridge	71
2 Arch City Defenders	63.2

PSH

1 St. Patrick Center	51
2 Peter and Paul Community Services	50.3

RRH

1 St Patrick Center	56.28
2 Gateway 180	55.29
3 Employment Connection	54.85
4 Arch City Defenders	46

Coordinated Assessment

Measure (5 point max)	Arch City Defenders	The Bridge
Population *Project identified a clear understanding of population to be served*		
History of Providing Services *Has experience providing services to homeless*		
Gap/Address Priority *The extent to which the project fills a gap and addresses COC priority issue*		
Collaborations/Partnerships *Describes already established relationships in the community*		
Connected to Resources *Project addresses the needs of the homeless through resource connection and referral*		
System Resources and Transparency *Effective use of system resources and accountability throughout process*		
Front Door Assessment *Is currently or has experience utilizing an assessment to develop housing strategies and case planning*		
HMIS *Is currently using HMIS to collect and report data*		
Diversion/Prevention Activities *Project specifically screens for diversion and has a clear plan to offer prevention services*		
Assessment Tool *Identifies standardized assessment tool to be utilized*		
Eligibility Criteria *A clear set of eligibility criteria has been identified*		
Referral Process and Prioritization *Identifies referral process based on assessment tool to appropriate programming and priority of high barriers*		
Vulnerability/Need *Plan to identify and prioritize the most vulnerable and those with the most barriers*		
Track Client Progress *Ability and plan to track clients through the progression of services being provided*		
Track Program Performance *Evaluate the effectiveness of the service being offered and overall effectiveness of project*		
Budget *Budget is reasonable and consistent with the delivery of the program*		
TOTAL=80		

Additional Information/Observations

Strengths		
Weaknesses		
Budget	$250,000.00	$46,448.00

RRH

Measure (5 point max)	St Patricks	Gateway	Employment Connections	Arch City Defenders
Population *Project identified a clear understanding of population to be served*				
History of Providing Services *Has experience providing services to homeless low to moderate barriers to overcoming homelessness and administering rental assistance programs*				
Gap/Address Priority *The extent to which the project fills a gap and addresses priority issue*				
Collaborations/Partnerships *Describes already established relationships in the community and relationships with Landlords*				
Connected to Resources *Address the needs of the homeless through resource connection and referral*				
Front Door Assessment *Is currently or has experience utilizing an assessment to develop housing strategies and case planning*				
HMIS *Is currently using HMIS to collect, report data and evaluate performance*				
Immediate Barriers and Appropriate Assistance *The project's ability to identify immediate short-term barriers and address with appropriate services*				
Determining Need and On-Going Assistance *Clear plan for determining need and level of on-going assistance based on need*				
Track Client Progress *Ability and plan to track clients through the progression of services being provided*				
Track Program Performance *Evaluate the effectiveness of the service being offered and overall effectiveness of project*				
Budget *Budget is reasonable and consistent with the delivery of the program*				
TOTAL=60 max				

Additional Information/Observations

	St Patricks	Gateway	Employment Connections	Arch City Defenders
Strengths				
Weaknesses				
Budget	$434,392.00	$200,900.00	$111,998.00	$421,850

Process

- Only committee members in attendance for both prospective leads included in scoring

- Members asked to rate presentations/RFP based upon seven distinct domains, weighted by varied number of criteria across domains

- Ratings for each item evaluated based upon a four point scale

Domains and Criteria*

Domain	Criteria
Data Quality	Timely response to data quality issues
Data Quality	Regular data quality monitoring
Data Quality	Monitor implementation of HMIS standards
Reporting	Ongoing monitoring and reporting of system outcomes
Reporting	Ability to present and communicate HMIS data quality, agency performance, and system outcomes
Reporting	Ability to explain key HUD data indicators in an understandable way across various media platforms
Reporting	High quality technical assistance
Reporting	Timely response to service and data requests
Training	High quality and individualized training of new users
Training	High quality ongoing and individualized training on data entry procedures and policies
Training	Ongoing training of agencies for data reporting and self-evaluation
Leadership	Leadership in developing and disseminating new data quality procedures
Leadership	Experience creating regional links across agencies and continua
Leadership	Capability to work with multiple software vendors
Leadership	Commitment to self-evaluation in lead activities
Leadership	Ability to involve broader community into continuum
Leadership	Ability to advocate for strong policies and practices
Compliance	Completes HUD required reports
Knowledge	Knowledge of HMIS standards
Knowledge	Present options for standard metrics of system and agency performance
Knowledge	Present options of policies and procedures to implement HUD standards and achieve system outcome targets
Customer Support	Ability to deal with complaints constructively
Customer Support	Friendly and helpful customer support for users, agencies, and leadership

*derived from HUD Exchange HMIS Lead checklist

Scoring Results

	ICA	MISI
Eval1	3.04	2.74
Eval2	3.35	3.70
Eval3	3.35	3.70
Eval4	3.04	2.52
Eval5	2.70	2.35
Eval6	3.59	3.43
Eval7	3.20	3.13
Straightline Average Score for 7 Evaluators	3.18	3.08

Additional Considerations

ICA		
Pros		Long-term potential
		Broad software experience
		Good knowledge of HUD
		Connection with academics
		Will hire local trainers
		Strong leadership in CoCs
		Good transparency
		Amenable to data integration
Cons		More expensive--high start-up costs (we recommend negotiating down on those costs)
		Working on many new projects
MISI		
Pros		Less expensive
		We know them--Experienced with local service providers
		Offer personalized training
		Good knowledge of HUD
		Networking with non-CoC agencies in CoC
		Good report building
		Good transparency
		Connection with academics
		Amenable to data integration
Cons		Need proper resources
		History of inadequate reporting

Date Posted: '
Time:

MEETING AGENDA FOR PSA COMMITTEE
DEPARTMENT OF HUMAN SERVICES

DATE: Tuesday, October 13, 2015
TIME: 9:30 a.m.
LOCATION: Department of Human Services
            1520 Market
            St. Louis, MO 63013

Call to Order

Introduction of presenters from St. Louis City Continuum of Care (CoC)

Review, discuss and take action on:

1. CoC recommendation on ranking of renewal projects – Permanent Supportive Housing (PSH), Transitional Housing (TH) and Supportive Services Only (SSO) for inclusion in Tier I of Continuum of Care Program Application.

2. CoC Recommendation on Request for Proposals (RFP) applications for New Projects – HMIS Lead – for inclusion in Tier I of Continuum of Care Program Application.

3. CoC Recommendation on Request for Proposals (RPF) applications for New Projects – Coordinated Entry and Assessment for Women and Families – for inclusion in Tier II of Continuum of Care Program Application.

4. CoC Recommendations on Request for Proposals (RFP) applications for New Projects – Permanent Supportive Housing for Women – for inclusion in Tier II of Continuum of Care Program Application.

5. CoC Recommendations on Request for Proposals (RFP) applications for New Projects – Rapid Rehousing – for inclusion in Tier II of Continuum of Care Program.

Other business

Adjourn

[Attached hereto as Exhibit "A" is summary of CoC Recommendations in items 1-5]

4. COC's Rating and Review Procedure: Public Posting Evidence.

Date Posted: October 8, 2015
Time: 2:15 p.m.

NOTICE OF MEETING FOR PSA COMMITTEE
DEPARTMENT OF HUMAN SERVICES

Notice is hereby given that the Professional Services Agreements Committee for the City of St. Louis Department of Human services will conduct a meeting:

DATE: Tuesday, October 13, 2015
TIME: 9:30 a.m.
LOCATION: Department of Human Services
1520 Market Street, First Floor, Room 1
St. Louis, MO 63013

The agenda for the meeting will include the review of renewal rankings and applications and bid submissions for new projects to form a part of the 2015 Continuum of Care Program Application received in response to:

1. CoC recommendation on ranking of renewal projects – Permanent Supportive Housing (PSH), Transitional Housing (TH) and Supportive Services Only (SSO) for inclusion in Tier I of Continuum of Care Program Application.

2. CoC Recommendation on Request for Proposals (RFP) applications for New Projects – HMIS Lead – for inclusion in Tier I of Continuum of Care Program Application.

3. CoC Recommendation on Request for Proposals (RPF) applications for New Projects – Coordinated Entry and Assessment for Women and Families – for inclusion in Tier II of Continuum of Care Program Application.

4. CoC Recommendations on Request for Proposals (RFP) applications for New Projects – Permanent Supportive Housing for Women – for inclusion in Tier II of Continuum of Care Program Application.

5. CoC Recommendations on Request for Proposals (RFP) applications for New Projects – Rapid Rehousing – for inclusion in Tier II of Continuum of Care Program.

Pursuant to Missouri Sunshine Law 610.21(12) and 610.021(11), some discussions may be done in closed session.

The News media or interested persons may obtain copies of this notice and other information by contacting:

Eddie Roth, DHS Director
1520 Market Street, Room 4065
(314) 657-1650
rothe@stlouis-mo.gov

City Selection Committee Meeting Notice and Agenda for 10/13/15 9:30 a.m.
Re: Continuum of Care Program Renewals and New Projects

Roth, Eddie <rothe@stlouis-mo.gov>   Thu, Oct 8, 2015 at 6:03 PM
To: "StLouisCityCoC@yahoogroups.com" <stlouiscitycoc@yahoogroups.com>
Cc: Barbara Birkicht <BirkichtB@stlouis-mo.gov>, Irene Agustin <agustini@stlouis-mo.gov>, Valerie Russell
<DavisVa@stlouis-mo.gov>, Thomas Harvey <tharvey@archcitydefenders.org>, "Bliss, Judson"
<jbliss@stpatrickcenter.org>, Rich Laplume <rich.laplume@depaulusa.org>, Anneliese Stoever <StoeverA@stlouis-
mo.gov>

Good evening, all.

Attached are a Meeting Notice and Agenda for the City of St. Louis Professional Service Agreement Selection
Committee that will be reviewing the recommendations reviewed by Continuum of Care Executive Board this
week on ranking Renewal Projects and scoring, selection and ranking of New Projects to be included the
Continuum of Care Program application.

The Composition of the Committee is as follows: Me and Anneliese Stoever for DHS (Anneliese is a senior
manager at DHS); Assessor Freddie Dunlap representing Mayor Slay; Elaine Spearman representing Comptroller
Green; and Tom Shepard representing President Reed of the Board of Aldermen.

For those of you who attended the CoC Executive Board meeting this week, I reminded everybody that the City
Selection Committee meetings are an open public meeting. The meeting will be at 1520 Market, but instead of in
DHS offices, I have moved it to a room on the First Floor (Room 1) that is more spacious than our large
conference room, and more comfortable if people decide to attend.

I will be introducing Thomas Harvey at the meeting and asking him to say a few words of introduction, and during
the deliberations will ask (a) Rich LaPlume as Chair of Rank and Review to describe the process of Rank and
Review of the renewals and the recommendation of the CoC Executive Board, and then (b) Jud Bliss to briefly
describe the review the process for the HMIS Lead new project applications (including the rating criteria,
candidate presentations, reference interviews) and the recommendation of the CoC Executive Board and then (c)
Rich LaPlume, again, to summarize the (i) process and recommendation for the Coordinated Entry for Women
New Project, the (ii) process and recommendation fore the Rapid Rehousing New Projects, and (iii) the process
and recommendation for PSH for Women with Special Needs New Project.

Then Thomas, Jud and Rich can then field questions from the Selection Committee.

All are welcome!

Eddie

–
Eddie Roth
Director
Department of Human Services
City of St. Louis
1520 Market Street, Room 4065
St. Louis, MO 63103
(314) 657-1650

2 attachments

Selection Committee Meeting Notice 101315.pdf
7K

Selection Committee Meeting Agenda 101315.pdf
12K

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Professional Services Agreements Committee

Meeting details and contact information

🖂 📷 f 🐦 8+

When: 10/13/15, 9:30 AM - 11:30 AM

Event Type: Meeting

Admission: Free.

Agenda: View the agenda

Description:

The agenda for the meeting will include the review of renewal rankings and applications and bid submissions for new projects to form a part of the 2015 Continuum of Care Program Application received in response to:

1. CoC recommendation on ranking of renewal projects – Permanent Supportive Housing (PSH), Transitional Housing (TH) and Supportive Services Only (SSO) for inclusion in Tier I of Continuum of Care Program Application.

2. CoC Recommendation on Request for Proposals (RFP) applications for New Projects – HMIS Lead – for inclusion in Tier I of Continuum of Care Program Application.

3. CoC Recommendation on Request for Proposals (RPF) applications for New Projects – Coordinated Entry and Assessment for Women and Families – for inclusion in Tier II of Continuum of Care Program Application.

4. CoC Recommendations on Request for Proposals (RFP) applications for New Projects – Permanent Supportive Housing for Women – for inclusion in Tier II of Continuum of Care Program Application.

5. CoC Recommendations on Request for Proposals (RFP) applications for New Projects – Rapid Rehousing – for inclusion in Tier II of Continuum of Care Program. Pursuant to Missouri Sunshine Law 610.21(12) and 610.021(11), some discussions may be done in closed session.

The News media or interested persons may obtain copies of this notice and other information by contacting:

Eddie Roth, DHS Director

1520 Market Street, Room 4065

(314) 657-1650

rothe@stlouis-mo.gov

⬇ iCal download

Location:

Department of Human Services
1520 Market Street, First Floor,
Room 1
St. Louis, MO 63103

Directions to this address
[maps.google.com]

Email:
Roth, Eddie

Phone:
(314) 612-5900

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City Hall Address

City of St. Louis
City Hall 1200 Market Street
Saint Louis, MO 63103

(314) 622-4800

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City of St. Louis, MO

HUD 2015 Continuum of Care Program Process for Rank and Review of Renewal Projects and Solicitation, Review, Ranking and Selection of New Projects

Publication Date: 10/21/2015
Document Type: Informational Pages
Sponsor: Department of Human Services,Homeless Services

Summary

The City of St. Louis Continuum of Care for Ending Homelessness has conducted its process for the review and ranking of renewal projects and the competitive solicitation, review, ranking and selection of new projects for inclusion in the HUD 2015 Continuum of Care Program Competitive Grant (2015 CoC Program) that must be submitted on or before November 20, 2015.

New Projects were solicited, reviewed, ranked and selected in four areas:

Coordinated Entry for Women, HMIS Lead, Rapid Rehousing and Permanent Supportive Housing for Women.

The solicitation, review, ranking and selection processes were conducted pursuant to and with the guidance from the Notice of Funding Availbility (NOFA) published on September 17, 2015.

A copy of the NOFA can be found here: https://www.hudexchange.info/resource/4688/fy-2015-coc-program-nofa/   [www.hudexchange.info]

Below for public review and printing are the documents that describe and record the review, ranking and selection criteria and actions.

Comments and Suggestions to the Department of Human Services and Continuum of Care many be sent to:

Irene Agustin, Chief Program Manager
Homeless Services Division
Department of Human Services, City of St. Louis
1520 Market Street, Room 4065
St. Louis, MO 63103

iagustin@stlouis-mo.gov   []

Download

1. 1. Request for Proposals (RFP) for New Projects (567.87 KB)

2. 2. New Project Application Receipt Log (27.99 KB)

3. 3. Rank and Review Committee Process (461.39 KB)

4. 3a. Rank & Review Recommendations for Permanent Housing (PH) Renewal Projects (8.59 MB)

5. 3b. Rank and Review Recommendations for Transitional Housing (TH) Renewal Projects (432.83 KB)

6. 3c. Rank and Review Recommendations for Supportive Services Only Renewal Projects (1.90 MB)

7. 4a. ArchCity Defender Coordinated Entry for Women New Project Proposal (1.10 MB)

8. 4b. Bridge Coordinated Entry for Women New Project Proposal (826.82 KB)

9. 4c. Rank and Review Recommendation for Coordinated Entry for Women New Projects (72.21 KB)

10. 5a. Institute for Community Alliances HMIS Lead New Project Proposal (16.72 MB)

11. 5b. MISI HMIS Lead New Project Proposal (8.02 MB)

12. 5c. Rank and Review Recommendation for HMIS Lead New Project Proposal (228.14 KB)

13. 6a. Arch City Defenders Rapid Rehousing New Project Proposal (1.12 MB)

14. 6b. Employment Connection Rapid Rehousing New Project Proposal (1.18 MB)

15. 6c. Gateway 180 Rapid Rehousing New Project Proposal (2.96 MB)

16. 6d. St. Patrick Center Rapid Rehousing New Project Proposal (1.18 MB)

17. 6e. Rank and Review Recommendation for Rapid Rehousing New Projects (45.21 KB)

18. 7a. Peter and Paul Permanent Supportive Housing for Women New Project Proposal (1.18 MB)

19. 7b. St. Patrick Center Permanent Supportive Housing for Women New Project Proposal (863.50 KB)

20. 7c. Rank and Review Recommendation for Permanent Supportive Housing for Women New Project (66.20 KB)

City of St. Louis, MO

Wonder How St. Louis Homeless Services Projects Are Rated? Read On

By Eddie Roth, Director of Human Services

Released: 10-22-2015

ST. LOUIS CITY
Continuum of Care
HOPE IS MOVING IN

This Community depends on funding from a big annual federal competition for homeless services. The more the community know the details of how projects are reviewed, ranked and selected for inclusion in the competition, the better and stronger we will compete.

HUD's Continuum of Care Program Competitive Grant (CoC Grant) is by far the largest source of federal funding for projects supporting housing and supportive services for people who are homeless.

The CoC Grant provides $9 million and more annually to fund top non-profits for eligible projects in the City of St. Louis, which may include permanent supportive housing, transitional housing, supportive services, coordination of services, and information systems.

The Continuum of Care for the City of St. Louis -- a community-based collective that includes service providers, government agencies, education leaders, other non profits, educators, consumers of homeless services and ordinary citizens and community and business leaders -- develops the criteria and does the reviewing and recommending of projects -- existing and new. It also suggests how projects should rank and how much funding to include for each in the application the City of St. Louis submits each year for CoC Grant.

These recommendations then are reviewed by a City of St. Louis Professional Services Agreement Selection Committee.

Here, for your consideration, is how the 2015 year process worked: with documents revealing the programs that were considered and reviewed, ranked and selected, along with the criteria used and results of this year's competitive process in the City of St. Louis Continuum of Care.

Documents

HUD 2015 Continuum of Care Program
Process for Rank and Review of Renewal
Projects and Solicitation, Review, Ranking and

More Stories

Proposed North St. Louis City
NGA Site Draws Strong Support

Selection of New Projects

Updated Statement Regarding New Stadium Funding

Consideration of what terms will mean for city taxpayers should be given priority when discussing funding of a new riverfront stadium.

from National, State, Local and Community Leaders

The proposed North St. Louis City site has been gaining strong support from national, state, local, and community leaders.

Mayor Slay and 100 Resilient Cities – Pioneered by the Rockefeller Foundation, Launch 'Resilient St. Louis' at Workshop with Key Stakeholders to Begin Blueprint to Build Resilience

Workshop Brings Together Partners from City, Private Sector, Business and Community Groups, and 100RC Staff.

Public Posting of Competition Information

Pelli, Sonja <pellis@stlouis-mo.gov>   Thu, Oct 22, 2015 at 5:25 PM
To: "Roth, Eddie" <rothe@stlouis-mo.gov>

Eddie,
the article is updated.
https://www.stlouis-mo.gov/government/departments/human-services/homeless-services/news/homeless-projects-ratings.cfm

~sonja

Sonja Pelli
City of St. Louis Manager of Internet Services
1520 Market, Suite 2000, St. Louis, MO 63103
email: pellis@stlouis-mo.gov | phone: 314 657-3780 | web: http://stlouis-mo.gov

[Quoted text hidden]

Now Available: Details of project review, ranking and selection criteria and results for St. Louis City 2015 CoC Program Competitive Grant Applicatoin

1 message

Roth, Eddie <rothe@stlouis-mo.gov>   Thu, Oct 22, 2015 at 5:59 PM
To: "StLouisCityCoC@yahoogroups.com" <stlouiscitycoc@yahoogroups.com>
Cc: Valerie Russell <DavisVa@stlouis-mo.gov>, Tina Patterson <tinap@homefull.org>; "Elder, Trudy" <trudye@homefull.org>; Irene Agustin <agustini@stlouis-mo.gov>
Bcc: Mary Ellen Ponder <PonderM@stlouis-mo.gov>, Todd Waelterman <waeltermant@stlouis-mo.gov>

https://www.stlouis-mo.gov/government/departments/human-services/homeless-services/news/homeless-projects-ratings.cfm

Please feel free to share widely.

Please let me know of any typos or other errors needing correction.

Many thanks.

Eddie

--
Eddie Roth
Director
Department of Human Services
City of St. Louis
1520 Market Street, Room 4065
St. Louis, MO 63103
(314) 657-1650

5. COC's Process for Reallocating.

Process to reallocate funds in the FY 2015 City of St. Louis COC

Purpose: To create funding for new projects that include HMIS, a SSO grant that will fully implement a Coordinated Entry Assessment with a Centralized Waitlist, new Rapid Rehousing and a new PSH project within the the funding structure of the Tier 1 and Tier 2 model required by HUD the City of St. Louis to strategically reallocated funds.

Process: The Rank and Review Committee in addition to the responsibility of evaluating, ranking and prioritizing both new and renewing projects developed several funding scenarios to reduce overall funding from renewing projects to reallocate to new projects. The first priority was to not reduce the overall beds in the Housing Inventory, the impact of reductions to projects that serve a difficult population or lacked the ability to leverage other funding to fill gaps. Additionally the Rank and Review Committee took a deep look into renewing Transitional Housing Projects to align to projects tp reduce the length of time homeless and move to a Rapid Rehousing model. Projects with unspent dollars were also identified for potential reductions. The final strategy approved by the COC was an overall reduction of 5% for PSHs without reducing number of people served and 20% from TH projects. TH projects will continue to be heavily evaluated for efficacy and cost effectiveness.

6. COC's Governance Charter.

City of St. Louis Continuum of Care for Ending Homelessness Governance Charter

ARTICLE I: Name and Geographic Area

The name of the organization shall be the City of St. Louis Continuum of Care for Ending Homelessness, hereinafter referred to as ("STLCCOC"). It will serve the City of St. Louis, Missouri.

ARTICLE II: Mission and Responsibilities

Section 1: Mission

A Continuum of Care is a community's plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness.

STLCOC is a broad based partnership to prevent people within the community from becoming homeless and to find ways to end homelessness. Through interagency collaboration coordination and collaboration, STLCOC will provide homeless people with effective services, and help them obtain affordable housing. STLCOC shall serve in a collaborative capacity to the Division of Homeless Services of the Department of Human Services of the City of St. Louis.

Section 2: Responsibilities

STLCOC will fulfill the responsibilities assigned to continuums of care under Title 24, Part 578 of the Code of Federal Regulations, as they may be amended or supplemented from time to time, and will satisfy all other legal requirements necessary to secure maximum funding under relevant state and federal programs to end homelessness. STLCOC will develop, follow, and annually update a governance charter that includes all procedures and policies needed to comply with both subsection B of Title 24, Part 578 of the Code of Federal Regulations and with HUD's HMIS requirements. [578.7(a)(5)]

ARTICLE III: Membership

Section 1: Qualifications

Membership in STLCOC is open to any nonprofit, for profit, individual, or governmental entity that is committed to ending homelessness or assisting people who are homeless or at risk of becoming homeless. STLCOC will conduct an annual, public invitation to new members at the beginning of each year. Membership information will be distributed broadly across the community including through various media channels. [578.7(a)(2)]

Section 2: Voting Privileges and Delegates

Each member organization shall be entitled to an unlimited number of delegates, at least one of whom shall be a person functioning at the executive or managerial level, but the organization shall have only one vote. Each individual member shall be entitled to one vote. If two member organizations are closely linked but organized as separate non-profit organizations for IRS tax purposes, then each such organization is entitled to its own vote. Annually each member organization shall renew its membership and submit the names of its authorized delegates to the membership committee. For the purposes of voting, the Consumer Council shall be treated as a member organization and shall have one vote. Only active member organizations will have voting privileges. Active membership is determined by the member's attendance at general, committee, and board meetings. To be considered an active member, members must be in attendance at 50% of general meetings, 50% of at least one committee's meetings, and 50% of board meetings. Each member must serve on at least one of the six STLCOC committees. Members must be represented by one of its authorized delegates or STLCOC elected officers. (Amended, by general vote, the 18th of February 2010)

Section 3: Approval of Members

Applications for membership shall be submitted to the membership committee and are subject to approval by a majority vote of the Board of Directors.

Section 4: Withdrawal of Members

A member may withdraw from STLCOC at any time by submitting a letter of withdrawal to the membership committee and presented to the Board of Directors.

Section 5: Removal of Members

Any member may be removed from STLCOC by a two-thirds majority of the Board of Directors. Removal is effective only if it occurs at a meeting called for that purpose. Removal request will be submitted to the membership committee then to the full membership and presented to the Board of Directors. Notice must be sent to all Board of Directors members stating that the proposed removal is a purpose of the meeting. A representative of the organization or individual recommended for removal shall have the opportunity to speak on its behalf prior to a vote of the Board of Directors. The Board of Directors may deliberate without the representative of the member recommended for removal present prior to the vote of the Board of Directors.

Section 6: Individuals

Individual persons may attend meetings, participate in discussions and serve on committees. Individuals can be members and have voting privileges as described in Article III, Sections 1-2. Individual members cannot be affiliated with an organization that is already a CoC member.

ARTICLE IV: Officers
Section 1: Titles and Duties
STLCOC shall have the following officers: Chair, Vice Chair, and Secretary. The duties of each officer shall be as follows:

Chair
The Chair shall convene and preside at all meetings of the Board of Directors. The Chair shall serve as an ex-officio member of all committees, and shall perform such duties incident to the office of Chair.

Vice Chair
The Vice Chair shall preside at meetings of STLCOC in the absence of the Chair, and shall serve in the role of the Chair in case of the resignation or dismissal of the Chair until a new Chair is elected consistent with Section 6 of this Article. The Vice chair shall perform such duties incident to the office of Vice Chair and such other duties as may be assigned by the Board of Directors.

Secretary
The Secretary shall prepare meeting agendas in consultation with the Chair, notify members of all meetings, record and maintain all votes and the minutes of the meetings of STLCOC, distribute minutes of previous meetings, maintain a current membership roster and list of authorized delegates, and maintain the records and office of STLCOC. The Secretary shall perform such duties incident to the office of Secretary and such other duties as may be assigned by the Board of Directors.

Section 2: Qualifications
Any active member may serve as Chair, Vice Chair, or Secretary.

Section 3: Terms of Office
The Chair, Vice Chair, and Secretary will have staggered 2-year terms commencing January 2007. Persons in these offices may be re-elected to the same office; however, no person may serve in the same office for more than two consecutive full terms.

Section 4: Nomination and Election
In November of each year, the Membership Committee shall present to STLCOC a slate of candidates for the offices of Chair, Vice Chair, and Secretary for the coming term. These officers shall be elected at a regularly scheduled meeting during December of the same year and take office on the first day of January immediately following their election. No persons may be nominated unless such person has agreed to serve in the office if elected.

Section 5: Resignation
An officer may resign at any time by submitting a letter of resignation to the Board of Directors.

Section 6: Vacancies
Vacancies in the offices of Chair, Vice Chair or Secretary shall be filled by election from the membership.

ARTICLE V: Board of Directors
Section 1: Powers
The affairs of STLCOC shall be managed by or under the direction of its Board of Directors.

Section 2: Number and Qualifications
The Board of Directors shall be 14 in number, consisting of the Chair, Vice Chair, Secretary, a representative selected from each of the six Standing Committees, and five at-large members.

Section 3: Terms of Office
At-large members and committee chairs will serve one-year terms commencing January 2007. Representatives of Standing Committees may represent the private or public sector. At-large members and committee chairs shall be elected at a regularly scheduled meeting during December of the same year and take office on the first day of the month immediately following their election. No person may serve on the Board more than two consecutive full terms.

Section 4: Nomination and Election of At-Large Members
In November of each year, the Membership Committee shall present a slate of candidates for the at-large positions of the Board of Directors for the coming term. These positions shall be elected at a regularly scheduled meeting during December of the same year and take office on the first day of the month immediately following their election.

Section 5: Selection of Representatives of Standing Committees
Each Standing Committee shall elect a person to represent said Committee on the Board of Directors at the time when the position on the Board is open.

Section 6: Resignation
An officer may resign at any time by submitting a letter of resignation to the Board of Directors.

Section 7: Vacancies
Vacancies in at-large positions on the Board of Directors shall be filled by election from the membership. Vacancies in representatives of Standing Committees shall be filled by selection by the respective committee.

Section 8: Removal of Officers and Directors

The Chair, Vice Chair, Secretary or any member of the Board of Directors may be removed from office by a two-thirds majority of the remaining Board of Directors. Each Standing Committee may request removal of its representative from the Board of Directors by submitting a letter to the Chair of the Board of Directors. Removal is effective only if it occurs at a meeting called for that purpose. Notice must be sent to all Board of Directors members stating that the proposed removal is a purpose of the meeting. The person recommended for removal shall have the opportunity to speak on his/her behalf prior to a vote of the Board of Directors. The Board of Directors may deliberate without the person recommended for removal present prior to the vote of the Board of Directors.

ARTICLE VI: Meetings
Section 1: General Meetings

The general meetings will focus on STLCOC training and technical assistance for members. STLCOC will hold meetings of the full membership at least semi-annually. [578.7(a)(1)] STLCOC shall meet at least six times per year to conduct a general meeting. At the beginning of each year the Board of Directors shall establish a schedule of dates and times for regular meetings, and the Secretary shall distribute this schedule to all members. The Board of Directors shall determine the place for each meeting at least one month prior to the meeting. STLCOC may conduct any business at a regular meeting, whether or not such business is on the agenda. A published agenda will be provided for each general meeting of the full membership. [578.7(a)(1)]

Section 2: Board of Directors Meetings

The Board of Directors shall meet at least six times per year. The Board of Directors shall determine the place for each meeting. The Board of Directors may conduct any business at a regular meeting, whether or not such business is on the agenda, except for the removal or officers or members of the Board of Directors. The Board of Directors meetings will focus on:
- Organizing an annual continuum of care planning process
- Collecting needs data and inventory system capacity
- Determining and prioritizing gaps in the continuum of care homeless system
- Developing short- and long-terms strategies with an action plan
- Implementing the action steps for the continuum of care plan

Section 3: Executive Session

The Board of Directors may meet in executive session to discuss confidential or sensitive matters. The Board shall report all decisions made at such meetings to the membership but shall not be required to report the discussions of factors leading to its decisions.

Section 4: Special Meetings

Special meetings of STLCOC or the Board of Directors may be called by the Chair or by one-third of the members of the Board of Directors. The person(s) calling the meeting shall the purpose(s) for which the meeting is to be called. Business at any special meeting is limited to the purpose(s) for which the meeting is called, and no other business of any nature may be conducted.

Section 5: Notification of Meetings

The Secretary shall provide notification to all authorized delegates of all meetings, regular and special. Such notification must be given at least two business days prior to the meeting. Notification may be by letter, telephone, facsimile, electronic or personal communication. The notification must clearly state the date, time and place of the meeting. In the case of special meetings, the notification must additionally state the purpose(s) for which the meeting is being called. The Secretary shall provide the published agenda to the full membership within two business days prior to the meeting. [578.7(a)(1)]

Section 6: Quorum

The presence of a simple majority of the member organizations shall be a quorum and sufficient to conduct business at any general meeting of STLCOC. The presence of two-thirds of the Board of Directors shall be a quorum and sufficient to conduct business at any meeting of the Board of Directors.

Section 7: Parliamentary Procedure

The latest revised edition of Robert's Rules of Order shall prevail at all meetings except where contrary to the governance charter or any standing rule.

ARTICLE VII: STLCOC Designations and Responsibilities

Section 1: Designation

1. STLCOC designates the City of St. Louis as its collaborative applicant to submit the annual STLCOC Consolidated Application for funding on behalf of STLCOC. The Collaborative Applicant is the only entity that can apply for a grant for Continuum of Care planning funds on behalf of STLCOC. DHS staff will assist in the operation and management of the STLCOC and its HMIS system, and will collaborate with the STLCOC and its Board in (a) the design and operation a collaborative, fair and transparent application process (b) the development of the City's Consolidated Plan and ESG allocation and reporting processes and (c) participating in regional and State groups meeting to coordinate efforts related to the STLCOC mission and ESG and STLCOC awards and other funding, real or potential. [578.7(b)(1); 578.7(b)(2)]

Section 2: Responsibilities

1. STLCOC will be responsible for establishing committees, as well as additional subcommittees or workgroups as needed. [578.7(a)(4)]
2. STLCOC will be responsible for adopting and following a written process to select a board to act on behalf of the STLCOC. This process must be reviewed, updated, and approved by the STL COC at least once every 5 years. [578.7(a)(3)]
3. In collaboration with recipient of Emergency Solutions Grants program funds in the area, STLCOC will establish and oversee the Front Door Assessment Process, a centralized or coordinated system that will provide an initial, comprehensive assessment of individuals' and families' needs for housing and services. [578.7(a)(8)] [NOTE: might be advisable to rename the Front Door Assessment Process]
4. STLCOC will establish and oversee written standards for providing transitional housing assistance, rapid re-housing assistance, permanent supportive housing assistance, homelessness prevention assistance, rental assistance, and any other programs established for Continuum of Care assistance. Covering all STLCOC programs, these written standards will include policies and procedures for:
   a. Establishing eligibility criteria for individuals and families; [578.7(a)(9)]
   b. Prioritizing which eligible individuals and families will receive assistance; [578.7(a)(9)]
   c. Determining which type of assistance an individual or family will receive (especially pertaining to the choice between homelessness prevention and rapid re-housing assistance); [578.7(a)(9); 24 CFR 576.400(e)(3)(vi)]
   d. Articulating maximum amount, duration, and type of assistance as well as program participant responsibilities, such as what percentage or amount of rent each program participant must pay while receiving either homelessness prevention or rapid re-housing assistance; [578.7(a)(9); 24 CFR 576.400(e)(3)(vii); 24 CFR 576.400(e)(3)(ix); 24 CFR 576.400(e)(3)(ix)]
   e. Articulating minimum service expectations for every type of program in the homeless system, such as how long a particular program participant will be provided with rental assistance and whether and how the amount of that assistance will be adjusted over time. [578.7(a)(9); 24 CFR 576.400(e)(3)(viii)]
   f. Detailing how the system will address the needs of individuals and families fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from nonvictim service providers. [578.7(a)(8)] [NOTE: All of the written standards for Article VII § 4 might need to be detailed in the governance charter itself]
5. STLCOC will establish system and program performance outcome targets for projects funded under the Emergency Solutions Grants program and the Continuum of Care program,

and report the resulting evaluations of the project outcomes to HUD. [578.7(a)(6); 578.7(a)(7)]

6. STLCOC will consult with recipients and sub recipients to establish evaluation performance targets that are appropriate to each program, whether under ESG, STLCOC, and local funding. [578.7(a)(6)]

7. STLCOC will monitor recipient and sub recipient operations, evaluate outcomes, and take action against poor performers in consultation with recipients and sub recipients. [578.7(a)(6)]

8. STLCOC will consult with State and local government Emergency Solutions Grants program recipients and sub recipients within the Continuum's geographic area in order to discuss the plan for funding allocation. [578.7(c)(5)]

9. STLCOC will ensure coordination between each level of the homeless system and with mainstream resources for the implementation of a local housing and service system that meets the needs of the homeless individuals (including unaccompanied youth) and families. This housing and service system will encompass (a) outreach, engagement, and assessment, (b) shelter, housing, and supportive services, and (c) prevention strategies. [578.7(c)(1)]

10. STLCOC will conduct an annual gaps analysis of the homeless needs and services available within the geographic area. [578.7(c)(3)]

11. STLCOC will conduct an annual Point-in-Time Count for homeless persons within the geographic area. Count homeless persons living somewhere not designed or ordinarily used as a sleeping accommodation for humans as "unsheltered." Count homeless persons living in emergency shelters or transitional housing as "sheltered." Also meet other requirements as they are established by HUD by notice. [578.7(c)(2)]

12. STLCOC will provide input required for local Consolidated Plan(s) and consult with Emergency Solutions Grants funding recipients to discuss allocation. [578.7(c)(4)(5)]

13. Ensure the Homeless Management Information System (HMIS) is in compliance with HUD requirements, has appropriate plans for privacy, security and data quality, and has consistent participation by all STLCOC providers. [578.7(b)(3)(4)(5)]

14. Establish annual funding priorities based on annual gaps analysis of the homeless needs and services available within the geographic area and on HUD priorities. [578.7(c)(3)]

15. Conduct collaborative funding processes to select providers for STLCOC, ESG and local funding.

16. Approve local STLCOC application.

17. Incorporate input from STLCOC into funding and program decisions.

ARTICLE VIII: Committees

Section 1: Standing Committees and Duties

STLCOC shall have six Standing Committees:

Planning Committee

The Planning Committee shall formulate and recommend strategic goals and objectives for STLCOC and monitor progress. It shall gather data on the nature and extent of homelessness, monitor the development of the Homeless Management Information System, analyze gaps and trends, recommend priorities, monitor long-range plans, monitor housing production, and promote a regional approach to addressing homelessness.

Service Delivery Committee

The Service Delivery Committee shall promote the coordination and effectiveness of services across all components of the Continuum of Care.

Advocacy Committee

The Advocacy Committee shall conduct activities to advocate for the homeless and to educate the public about issues pertaining to homelessness. The committee shall annually recommend to STLCOC a set of positions to be adopted and issues to be studied by STLCOC.

Project Review and Ranking Committee

The Project Review and Ranking Committee shall perform threshold reviews for all new projects for the homeless seeking support from the Department of Human Services, advising whether each project meets basic criteria. This committee shall also recommend priority rankings for eligible projects, using criteria established by STLCOC.

Membership Committee

The Membership Committee shall present a slate of officers and members of the Board of Directors as provided in Article IV, Section 4, and Article V, Section 4. This committee shall also be charged with recruiting and retaining a wide range of organizations into membership and with recommending rules and procedures for STLCOC.

Consumer Council

The Consumer Council shall be composed entirely of homeless and formerly homeless persons. It shall make recommendations as appropriate to STLCOC and to providers of services and housing, and work with the Advocacy Committee. As provided in Article III, Section 2, the consumer council shall be treated as one organization and will have one vote. However, individual members that meet criteria may also vote if eligible. The Consumer Council must always be chaired by a consumer, who will sit on STLCOC

Board of Directors as a voting member. The Board of Directors shall include at least one individual who is homeless or formerly homeless.

Section 2: Selection and Terms
Except for the Consumer Council, any person may be recruited to serve on any committee by the Board of Directors, or by the committee or committee members. Committee membership may be drawn from the community at large, not only from those associated with STLCOC. As stated above, the Consumer Council shall consist entirely of homeless and formerly homeless individuals.

Section 3: Subcommittees
Each committee may as it determines necessary divide into subcommittees, task forces and focus groups. However, each Standing Committee shall have only one representative on the Board of Directors.

Section 4: Ad Hoc Committees
The Board of Directors may from time to time appoint and approve the appointment of such ad hoc committees as may be needed. The Board of Directors shall determine the responsibilities, selection and terms of such committees.

ARTICLE IX: Amendments
Section 1: Amendments
This governance charter may be amended or repealed by a two-thirds majority of members present and voting at any meeting of STLCOC, provided that the amended or replacement governance charter shall have been presented in their final form and discussed at the preceding meeting of STLCOC. Notification for such meeting shall clearly state that amendment(s) to or repeal of the governance charter is being considered.

ARTICLE X: Board of Directors Code of Conduct, Conflicts of Interest and Recusal Process [578.7(a)(5)]
Section 1: Code of Conduct
STLCOC board members must exercise care when acting on behalf of STLCOC. These individuals must complete the work they have agreed to undertake in a timely manner. In addition, they must attend Board meetings and be prepared to discuss matters presented for their deliberation. Absence without notice or explanation for three meetings within a calendar year or repeated failure to complete work assignments will be grounds for removal from the Board. Repeated failure to participate thoughtfully and respectfully in discussions or persistent disruptive or obstructive conduct during meetings will be grounds for removal.

Section 2: Conflicts of Interest and Recusal Process

STLCOC board members must abide by the following rules in order to avoid conflicts of interest and promote public confidence in the integrity of STLCOC and its processes. Failure to honor these rules will be grounds for removal from the board and any of its committees.

1. Members may not participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefit to:
   a. Any organization that they or a member of their immediate family represents; or
   b. Any organization from which they or a member of their immediate family derives income or anything of value.
2. Whenever STLCOC board members or any of their immediate family members have a financial interest or any other personal interest in a matter coming before the Board or one of its committees, they must:
   a. Fully disclose the nature of the interest; and
   b. Withdraw from discussing, lobbying and voting on the matter.

Section 3: Procedures

At the beginning of every board meeting, the facilitator must ask if there are any conflicts of interest or potential conflicts of interest that need to be disclosed before the business included in the meeting's agenda is discussed. Any matter in which STLCOC board members have an actual or potential conflict of interest will be decided only by a vote of disinterested individuals. The minutes of any meeting at which such a vote is conducted must reflect the disclosure of interested directors' actual or potential conflicts of interest and their recusal from participation in the decision. STLCOC board members must sign a conflict of interest form annually, affirming that they have reviewed the conflict of interest policy and disclosing any conflicts of interest they face or are likely to face in fulfilling their duties as board members.

CERTIFICATION OF RATIFICATION

This is to certify that the City of St. Louis Continuum of Care for Ending Homelessness did formally ratify and adopt this governance charter on the date specified below:

Date Ratified:

Executed at St. Louis, Missouri, this 15th day of October 2015.

By:

Chair of the Board
St. Louis City Continuum of Care

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7. HMIS Policies and Procedures Manual.

St. Louis City Continuum of Care

Housing/Homeless Management Information System

Policies and Procedures Manual

October, 2015

CONTENTS

Homeless management information system

Policy and procedures manual

This policy and procedure manual is developed in collaboration between the HMIS Advisory Committee and the HMIS Lead Agency for the Saint Louis City Continuum of Care. This manual is authorized by the Executive Committee of the Saint Louis City Continuum of Care.

HMIS governance charter

Introduction
The purpose of the Saint Louis City HMIS is to support the delivery of homeless and housing services, including homeless prevention, in the St. Louis City community. The HMIS should be used primarily to collect and track information related to serving people in housing crises, as well as planning for the elimination of homelessness. On a case-by-case basis, the HMIS Advisory Committee will consider other uses of the database.

Key Support Roles & Responsibilities

City of Saint Louis Department of Human Services
As the Collaborative Applicant for Saint Louis City Continuum of Care (CoC):
- ➢ Ensures fiscal and programmatic compliance with all HUD rules and regulations
- ➢ Encourages and facilitates participation in HMIS data collection
- ➢ Collaborates with the Saint Louis City Continuum of Care to select, approve and execute annual contract(s) with HMIS Lead and/or HMIS Vendor

HMIS Lead
As the HMIS Lead for Saint Louis City Continuum of Care (CoC):
- ➢ Ensures the operation of and consistent participation by recipients of funding requiring use of the HMIS system
- ➢ Develops written policies and procedures for all HMIS Partner Agencies, which at a minimum includes: a security plan, data quality plan, and privacy plan.
- ➢ Executes an HMIS participation agreement with each HMIS Partner Agencies
- ➢ Executes an HMIS collaborative agreement with the Saint Louis City Continuum of Care; this agreement defines performance standards for HMIS system maintenance, training, user support, report requirements, and analytical support
- ➢ Monitors compliance of all HMIS Partner Agencies
- ➢ Provides an unduplicated count of clients served and analyses of unduplicated counts to the Continuum of Care on quarterly basis, and upon request, to HUD
- ➢ Ensures that the HMIS Vendor and software is currently in compliance with HMIS standards
- ➢ Serves at the primary contact between Partner Agencies and the HMIS vendor

> ➤ Serves as the applicant to HUD for grant funds for HMIS Activities of the Continuum of Care's geographic area, as directed by the Continuum, and if selected for an award by HUD, enter into a grant agreement with HUD to carry out the HUD-approved activities

Saint Louis City Continuum of Care (CoC)
> ➤ Responsible for selecting one HMIS software system
> ➤ Responsible for selecting one HMIS Lead
> ➤ Responsible for reviewing, revising, and approving all policy and procedures developed by HMIS Lead; final approval of policies and procedures is the responsibility of the Executive Board of the CoC
> ➤ Responsible for implementing all approved and/or revised policies and procedures within six months of approval
> ➤ Develops a governance charter and documents all assignments and designations consistent with the governance charter.
> ➤ May choose to participate in HMIS with other local Continuum of Care so long as one HMIS vendor and Lead are agreed upon and there is a joint governance charter.
> ➤ Executes an HMIS collaborative agreement with the HMIS Lead; this agreement defines performance standards for HMIS system maintenance, training, user support, report requirements, and analytical support

HMIS Advisory Committee
> ➤ Responsible for recommending HMIS software system and HMIS Lead
> ➤ Governs the implementation of the HMIS system
> ➤ Assists in the development of HMIS policies and procedures in collaboration with the HMIS Lead
> ➤ Advises and recommends changes to HMIS policies and procedures for approval by the Planning Committee, General Membership, and Executive Committee of the Saint Louis City CoC
> ➤ Examines HMIS aggregate data as well as offers comments and suggestions on how data measurements can contribute to fulfillment of strategic goals

HMIS Partner Agencies
> ➤ Responsible for ensuring that HMIS processing capabilities remain consistent with the privacy obligations of the Partner Agencies
> ➤ Comply with applicable standards set forth by the CoC, HMIS Lead and HUD, including but not limited to issues of privacy and confidentiality
> ➤ Develop agency procedures to ensure and monitor compliance and sanctions for non-compliance
> ➤ Ensure staffing and equipment necessary to implement HMIS
> ➤ Complete an HMIS Agency Partner Agreement with the HMIS Lead
> ➤ Designate an HMIS Agency Administrator and Chief Privacy Officer

HMIS PARTICIPATION POLICY

Mandated
Agencies receiving Emergency Solution Grants, Supportive Housing Program grants, Shelter plus Care grants, Section 8 SRO programs, HOPWA grants and other funders within the Continuum of Care will be required to meet the minimum HMIS participation standards. Participating agencies must agree to execute and comply with an HMIS Agency Partner Agreement, as well as, all HMIS policies and procedures. Agencies receiving HUD CoC or Emergency Solutions Grant funding have no current fees associated with participating in the HMIS system.

Voluntary
While the Saint Louis City CoC does not require participation in HMIS by agencies that do not receive HUD CoC or Emergency Solutions Grant funding, every effort is made to encourage all homeless service providers to participate in the HMIS system in order to more thoroughly gain an understanding of those experiencing homelessness in Saint Louis City. Non-funded agencies should contact the HMIS Lead for any fees associated with participation.

Minimum Standards to Participate in HMIS
> - Partner Agencies will enter into an HMIS Agency Partner Agreement and comply with all HUD regulations for HMIS participation
> - Partner Agencies will designate a Chief Privacy Officer. The Chief Privacy Officer is responsible for: managing client questions and complaints about the Privacy Notice, ensuring all new users have completed a User Agreement, monitoring all users compliance with training requirements, and maintaining both user and technological requirements needed for security standards.
> - Partner Agencies will designate an Agency HMIS Agency Administrator. The Agency HMIS Agency Administrator is the designated communication point with the HMIS Lead and will be expected to routinely verify data for completeness, accuracy and timeliness and work in collaboration with the HMIS Lead for correcting and managing the agency's data.
> - All users are responsible for collecting data elements as defined by HUD and any additional data elements determined by the Saint Louis City CoC.
> - All users must enter client-level universal data elements at minimum into the HMIS system within 24 hours of entry into a project and complete appropriate discharge within 48 hours of exit from a project.

HMIS Partnership Termination Policy

Contract Termination Initiated by HMIS Partner Agency

Contributing HMIS Organizations may terminate the HMIS Partner Agreement with or without cause upon 30 days written notice to the HMIS Lead and according to the terms specified in the HMIS Agency Agreement. The termination of the HMIS Agency Agreement by the Partner Agency may impact other compliance regulations, such as contracts with the Department of

Human Services that specify HMIS utilization. In the event of termination of the HMIS Agency Agreement, all data entered into the HMIS system will remain an active, and records will remain open or closed according to any data sharing agreements in place at the time of termination. In all cases of termination of HMIS Partner Agreements, the HMIS Lead will inactivate all users from that agency on the date of termination of contract. The HMIS Lead will notify the HMIS Advisory Committee and the Department of Human Services.

Contract Termination Initiated by HMIS Lead

The HMIS Lead may terminate the HMIS Partner Agreement for noncompliance within the terms of that contract upon 30 days written notice to the HMIS Partner Agency. The HMIS Lead will require any violations to be rectified to avoid termination of the HMIS Partner Agreement.

The HMIS Lead may also terminate the HMIS Partner Agreement with or without cause upon 30 days written notice to the HMIS Partner Agreement and according to the terms specified in the HMIS Partner Agreement.

The termination of the HMIS Partner Agreement may impact other compliance regulations, such as contracts with the Department of Human Services that specify HMIS utilization. In the event of termination of the HMIS Agency Agreement, all data entered into the HMIS system will be maintained by the HMIS Lead until all clients are appropriately exited from the terminated agency.

Prior to any notification of termination, the HMIS Lead must first consult with the CoC Executive Board and the Department of Human Service before any termination is issued.

HMIS TECHNICAL STANDARDS

The HMIS Lead and HMIS vendor are equally responsible with any and all technical standards determined by HUD. HUD has established that all HMIS software must be able to: produce unduplicated client records, collect all data elements set forth by HUD, report outputs, produce compliance reports for Partner Agencies and the Lead to assess achievements with established benchmarks, and generate standardized audit reports.

Hardware and Computer Requirements
While the HMIS Lead and HMIS vendor maintain software for HUD standards, Partner Agencies are responsible for complying with agency-level system security standards. These system standards aid in the safety and integrity of client records. Partner Agencies must comply with the following hardware and software standards:
1) A secure broadband internet must be used; Wi-Fi is acceptable, if the connection is protected by a network security code.
2) Computers must have an operating system compatible with the current HMIS software
3) Computers must have an internet browser compatible with current HMIS software

4) All workstations must be manually locked by a user if a licensed user leaves a workstation when HMIS software is active
5) All workstations must have current and active security which include:
   a. Real-time antivirus scanning
   b. Automatic virus removal
   c. Anti-Spyware
   d. Firewall
   e. Anti-phishing

The equipment used to connect to the HMIS system is the responsibility of the HMIS Partner Agency. Contributing HMIS Partner Agencies will need to provide their own internal technical support for the hardware, software and Internet connections necessary to connect to the HMIS system according to their own organizational needs.

System Availability
It is the intent of the Saint Louis City Continuum of Care, HMIS Lead and HMIS Vendor that the HMIS system server will be available 24 hours a day, 7 days a week, and 52 weeks a year to incoming connections. However, no computer system achieves 100 percent "uptime." In the event of planned server downtime, the HMIS Lead will inform agencies as much in advance as possible in order to allow HMIS Partner Agencies to plan their access patterns accordingly.

Annual reviews for Technical Standard Compliance will be conducted by each Partner Agency Chief Privacy Officer to ensure agencies are meeting requirements. Additionally, the HMIS Lead will be conducting technical standard compliance on behalf of the entire CoC to ensure Partner Agencies and HMIS system software are in compliance.

HMIS SECURITY PLAN

The HMIS Lead is responsible for establishing a security plan, which must be approved by the Saint Louis City Continuum of Care. This security plan must address the areas of data collection, maintenance, use, disclosure, transmission, destruction of data, and a communication plan for reporting and responding to security incidents. In addition to the security plan, the HMIS Lead must develop a Disaster Recovery Plan and verify that the HMIS Vendor has a Disaster Recovery Plan as well.

HMIS User Access
All users are required to sign a HMIS User Agreement and complete HMIS User Training before receiving access to the HMIS. Credentials will not be issued without a signed User Agreement being on file with the HMIS Lead and the HMIS Agency Administrator.

All HMIS training participants will be given a copy of the HMIS User Agreement at the conclusion of User training. Potential Users will be responsible for completing the User Agreement, obtaining the required signatures and returning the form to the HMIS Lead before

User Credentials will be issued. Once all required paperwork is complete, User Credentials can be obtained by calling the HMIS Help Desk.

Establishing a New Partner Agency

Homeless service providers that are interested in obtaining access to the HMIS system will be required to first contact the HMIS Lead, who will process the request and engage the CoC as necessary.

Once the homeless service provider has been approved for access to the HMIS system, the New Partner Agency will receive a copy of an HMIS participation agreement to review and obtain the appropriate signatures. The HMIS participation agreement will be sent to the HMIS Lead. Once all agreements are finalized, the HMIS Lead will contact the new partner agency regarding obtaining access and new user training.

Data Access Policies

HMIS Users will receive a unique username and establish a password. Usernames and passwords are never to be shared, or documented in a visible or accessible location, which would compromise the integrity and security of the HMIS system. HMIS Users will automatically be prompted to change their HMIS password on a routine basis. If a password is lost or forgotten, the HMIS User should contact the HMIS helpdesk.

HMIS Users must log off the HMIS system or lock the computer any time they step away from the workstation. Automatic password protected screen savers, or network log-off, should be implemented on each computer used for HMIS. Additionally, the HMIS system is set up to auto-log off users who are inactive on the site after a maximum of 10 minutes.

Any paper documentation, such as client authorization forms, should be filed in a locked, secure area and not left unattended. All paper and electronic documentation for any client in the HMIS system must be stored and maintained for a minimum of seven years.

HMIS PRIVACY PLAN

Data Collection Limitation Policy

Partner agencies will only enter client information into the HMIS system that is deemed necessary to provide quality service. Partner agencies, in collaboration with the Saint Louis City CoC, will make a determination of what qualifies as essential for services.

Partner agencies reserve the right to decline services for clients choosing not to share the information requested by the agency as doing so could jeopardize their status as a service provider. The agency assumes that, by requesting services from the agency, the client agrees to allow them to collect information and to use or disclose it as described in the privacy notice and otherwise as allowed or required by law.

Client Notification

Partner Agencies must post notification at each intake desk of the agency advising clients of the Privacy Notice (Appendix A). Clients must also be provided with the short version of the Privacy Notice (Appendix B) which advises them that they can request a copy of the full policy.

The HMIS Privacy Notice should be posted on the agency's web page. Agency should ensure that the address does not appear in the Privacy Notice before it is posted on their website, if the address is not public knowledge.

In addition to the posted notification signs, any client who agrees to allow HMIS User access to their HMIS profile must sign a Client Authorization form. This form must be updated annually.

The agency must provide reasonable accommodations for persons with disabilities throughout the data collection process. Various versions of the Privacy Notice will be made available through the HMIS Lead.

Limitations of HMIS Use

Partner agencies will use and disclose personal information from HMIS only in the following circumstances:

1) To provide or coordinate services to an individual.
2) For functions related to payment or reimbursement for services.
3) To carry out administrative functions including, but not limited to legal, audit, personnel, planning, oversight or management functions.
4) Databases used for research, where identifying information has been removed.
5) Contractual research where privacy conditions are met.
6) Where a disclosure is required by law and disclosure complies with and is limited to the requirements of the law. Instances where this might occur are during a medical emergency, to report a crime against staff of the agency or a crime on agency premises, or to avert a serious threat to health or safety, including a person's attempt to harm himself or herself.
7) To comply with government reporting obligations.
8) In connection with a court order, warrant, subpoena or other court proceeding requiring disclosure.

Client Rights to Access and Correction of Files

Any client receiving services from a Partnering Agency has the following rights:

1) **Access to program records.** Clients have the right to review their records in a program in the HMIS. A written request should be made to the HMIS Agency Administrator, who should follow-up on the request within five working days.

2) **Access to full records.** Clients have the right to review their full record in the HMIS. They may make a written request through the HMIS Agency Administrator, who will request approval from the HMIS Lead within five working days.

3) **Correction of an HMIS record**. A client has the right to request that his or her HMIS record is correct so that information is accurate. This ensures fairness in its use.

4) **Refusal**. A client has a right to refuse to participate in HMIS or to provide personal information. The agency's ability to assist a client depends on the documentation of certain personal identifying information, and may decline to provide services to a client who refuses to provide this data.

5) **Agency's Right to Refuse Inspection of an Individual Record**. The agency may deny a client the right to inspect or copy his or her personal information for the following reasons:
    i. information is compiled in reasonable anticipation of litigation or comparable proceedings;
    ii. information about another individual other than the agency staff would be disclosed;
    iii. information was obtained under a promise of confidentiality other than a promise from the provider and disclosure would reveal the source of the information; or
    iv. Information reasonably likely to endanger the life or physical safety of any individual if disclosed.

6) **Harassment.** The agency reserves the right to reject repeated or harassing requests for access or correction. However, if the agency denies a client's request for access or correction, written documentation regarding the request and the reason for denial will be provided to the client. A copy of that documentation will also be included in the client record.

Data Sharing

At initial project intake, the client should receive verbal explanation and written documentation about utilization of the HMIS system for Saint Louis City Continuum of Care. If a client is willing to share information with HMIS, they must sign a Client Authorization form. Any information that will be shared, beyond what is covered by the Client Authorization for HMIS, will require additional written consents and release of information by the client.

The client does have the right to revoke written authorization at any time, unless this is overridden by agency policy or is a part of a conditional agreement with the provider. Once the client has revoked their authorization, no new information may be utilized in HMIS but all historical data remains accessible by the provider.

All Partner Agencies are expected to uphold federal, state, and local confidentiality regulations to protect records and privacy. If an agency is covered by the Health Insurance Portability and Accountability Act (HIPPA), the HIPAA regulations prevail.

Protected Agencies and Domestic Agencies

Protected agencies serve populations that require special security and privacy considerations. Populations include medically fragile, at-risk youth, and those served by Shelter+Care programs. Protected agencies contribute data to HMIS; however, the services provided by the agencies remain hidden beyond basic identification of clients.

Domestic violence agencies are prohibited from entering data into the HMIS. If domestic violence agencies receive CoC or ESG fudning, they are required to have a comparible database, and the HMIS lead will work with agencies to ensure the databases meet standards. Agencies are required to report aggregate data for reporting purposes.

HMIS Data Release Policy and Procedures

Client-Level Data:

HMIS Users may access client-level data for their specified project only after completing appropriate client authorization. Client authorization is good for up to one year. After one year, only historical record information will be available for the project unless an updated client authorization is filed.

Client-level data may also be viewed by only the HMIS Lead and HMIS Vendor for purposes of compliance, software correction, data quality resolution, and other required tasks related to HMIS privacy, security, and data quality standards.

No identifiable client data are to be released to any person, agency or organization without written consent by the client, unless otherwise required by law.

Mandated Reporting

Mandatory reporters should comply with state guidelines for reporters. This obligation supersedes any agency policies that prohibit disclosure of identifying information.

Court-Ordered Subpoenas

There are many situations in which police or other government officials request information from shelters and other service providers. If an HMIS Partner Agency is served with a Subpoena for records, the agency must immediately contact the HMIS Lead and the Chair of the Executive Board of the Saint Louis City Continuum of Care. Once it is established the exact information requested in the subpoena, the Partner Agency and HMIS Lead will work in collaboration to gather the appropriate documentation. Due to the fact HMIS Partner Agencies have data sharing, it is vital to work with the HMIS Lead to only provide information from the listed Partner Agency requested in the subpoena.

Program-Level (aggregate) Data:

The HMIS Lead will supply HMIS Advisory Committee a report analyzing program-level data on a quarterly basis. These quarterly reports will be utilized to help inform systematic practice for the Continuum of Care. At a minimum, the HMIS Advisory Committee will report findings and offer practice suggestions to the Planning Committee twice a year.

Agencies will be able to request access to aggregate-level data. The HMIS Agency Administrator will make requests through the HMIS Lead, who will outline appropriate use and dissemination of aggregated data. Training and support will be made available through the HMIS Lead. Public release of community-wide statements based on aggregate data requests must be coordinated through DHS. No individually identifiable client data will be reported in any of these reports.

Extracted Data
The report-writer function of the HMIS system should allow client data to be downloaded to a file on the local computer. Confidentiality of clients is left vulnerable on the local computer unless additional measures are taken. For security reasons, unencrypted data may not be sent over a network that is open to the public. For example, while unencrypted data might be stored on a server and accessed by a client computer within the private local area network, the same unencrypted data may not be sent via email to a client computer not within the same local area network. HMIS users should apply the same standards of security to local files containing client data as to the HMIS database itself. Security questions will be addressed to the HMIS Lead.

Data Retrieval for Research or Comparative Purposes
While the HMIS is a useful resource, it is not always comprehensive enough to fully understand the nature and extent of homelessness, how individuals access mainstream or other federal programming resources, and the most effective prevention.

To gain a better understanding of the needs and service usage of individuals who are experiencing a housing crisis, and to assist with planning, implementation and allocation of resources, the data may be used or disclosed data for research conducted by an individual or institution with approval by the CoC Executive Board.

To identify trends and patterns of service usage to better implement homeless and prevention services, the CoC Executive Board may approve the HMIS Lead, with appropriate consent or agreements, to cross-reference HMIS client-level data with other public databases including: those relating to employment, family services, child welfare, criminal justice, prevention, and healthcare.

HMIS DATA QUALITY PLAN

It is ultimately the responsibility of the Saint Louis City Continuum of Care Executive Committee and HMIS Lead to ensure quality data is submitted to HUD. In an effort to direct service provisions in an effective and efficient manner and assist the Saint Louis City Coc in obtaining strategic goals, the HMIS Lead is responsible for setting Data Quality benchmarks and a Data

Quality Plan (as approved by the Saint Louis City CoC).

HMIS Data Quality reviews of client-level data will be used by the HMIS Agency Administrator and by the HMIS Lead to monitor data quality and indicate possible additional trainings needed for improvement. HMIS Data Quality reviews of program-level data will be used by the HMIS Lead to report continuum-wide improvement suggestions, and recommendations for integrations with other mainstream and Federal Programming data. Program-level data quality may also be used by various Saint Louis Continuum of Care committees for system analysis and evaluations.

Data Quality Standards and Monitoring
- ➢ All data entered will be accurate
- ➢ In all reports of shelter, housing or services provided for a client, the client must be eligible to receive the services from the listed provider
- ➢ Universal data elements at minimum must be entered into the HMIS system within 24 hours of entry into a project and complete appropriate discharge within 48 hours of exit from a project.
- ➢ Per HUD data standards, blank entries in required data fields are not allowed.
- ➢ Entries of "client does not know" or "client refused" in required data fields will not exceed 10 percent required for CoC reporting.
- ➢ HMIS Agency Administrators will perform monthly data quality checks using the Data Quality Plan.
- ➢ Any patterns of errors identified by users will be reported to the HMIS Agency Administrator. When patterns of error have been discovered, users will be required to correct the data, data entry processes (if applicable) and will be monitored for compliance.
- ➢ Any pattern of error between Partner Agencies should be reported to the HMIS Lead

Data Collection Requirements
Partner Agencies are responsible for completing, at minimum, the HUD defined Universal Data Elements (UDE's) and any HUD Program-specific Data Elements required for the agency's project. Partner Agencies may also be required to collect data elements determined by the HMIS Advisory Committee as vital. Partner Agencies will do their due diligence to collect and verify client information upon client initial program enrollment or as soon as possible. Any information collected by the Partner Agency must be documented into HMIS within 24 hours of entry into a project and complete appropriate discharge within 48 hours of exit from a project.

Data Quality Training Requirements
In order for the HMIS system to be a benefit to clients, a tool for Partner Agencies and a guide for planners, all users must be adequately trained to collect, enter, and extract data. The HMIS Lead will be responsible for developing an annual training schedule. The annual training schedule must include various types and levels of training- for HMIS Agency Administrators, beginning users and advanced users. Trainings can be offered either directly or through HMIS

Lead approved, contracted trainers.

<u>End-User Initial Training</u>
All HMIS Users must complete approved training before being given access to HMIS. Users should be trained on: user of HMIS software and the confidentiality/security requirements of the Privacy Notice. As part of the training, each employee and volunteer of your agency who collects, reads, or is otherwise exposed to client information must be given a copy of the full Privacy Notice, be allowed to read it, then must sign the Acknowledgment enclosed in this manual as Appendix C to confirm they have read and understood the policy.

It is encouraged that all HMIS Users also receive agency-specific training in order to fulfill Partner Agency expectations for entering data.

<u>Ongoing Training</u>
In order to remain current on HUD standards and local continuum expectations, all HMIS users are required to complete annual training and training on all HMIS software updates. These ongoing trainings can be in the form of: attendance to User Group meetings, HMIS Lead approved online/in-person trainings, and individualized meeting with HMIS Lead representatives. The HMIS Lead and HMIS Agency Administrators will communicate training opportunities to users.

Documentation of training will be made available from the HMIS Lead. It is the expectation that the Agency Chief Privacy Officer will maintain a record of each HMIS User's completed training hours for year. Training record should be submitted in the annual compliance review.

Annual reviews for data quality, security and privacy standards compliance will be conducted by each Partner Agency Chief Privacy Officer and HMIS Agency Administrators to ensure agencies are meeting requirements. The HMIS Lead will work with HMIS Agency Administrators to schedule annual site-visits to ensure compliance across the Saint Louis City CoC.

HMIS Grievance Policy

Client Grievance
Clients have the right to be heard if they feel that their confidentiality rights have been violated, if they have been denied access to their personal records, or if they have been put at personal risk or harmed. Each agency must established a formal grievance process for the client to use in such a circumstance. To file a complaint or grievance they should contact the agency's Chief Privacy Officer. HMIS Partner Agencies will report all HMIS related client grievances to the HMIS Lead. The HMIS Lead will record all grievances and will report any common trends in complaints to the HMIS Advisory Committee.

Partner Agency Grievance

It is encouraged that if any issues arise, problems should be presented and resolved at the lowest possible level. If HMIS users have an issue with HMIS software, policy or HMIS Lead representative, they should first reach out to the HMIS Agency Administrator. If an issue cannot come to a successful resolution with the HMIS Agency Administrator, the issue should be presented to the HMIS Lead.

The HMIS Lead will attempt to resolve issues between the Partner Agencies and the HMIS Vendor. The HMIS Lead will also present any CoC systematic issues or policy concerns to the HMIS Advisory Committee.

HMIS NON-COMPLIANCE SANCTIONS

The HMIS Lead is responsible for establishing appropriate sanctions for non-compliance issues. These sanctions must be approved by the Saint Louis City Continuum of Care, and may include suspension of HMIS system access. Additionally, HMIS Partner Agency must also have agency-specific sanctions for users not in compliance with HMIS policies and procedures.

APPENDIX A: FULL PRIVACY POLICY

**Homeless Management Information System
Privacy and Security Notice**

A written copy of this policy is available by request.

I.   PURPOSE

This notice describes the privacy policy of Municipal Information Systems, Inc. The policy may be amended at any time. We may use or disclose your information to provide you with services and comply with legal and other obligations. We assume that, by requesting services from our agency, you agree to allow us to collect information and to use or disclose it as described in this notice and as otherwise required by law.

The Homeless Management Information System (HMIS) was developed to meet a data collection requirement made by the United States Congress and the Department of Housing and Urban Development (HUD). Congress passed this requirement in order to get a more accurate count of individuals who are homeless and to identify the need for and use of different services by those individuals and families. We are collecting statistical information on those who use our services and report this information to a central data collection system.

In addition, many agencies in this area use HMIS to keep computerized case records. This information may be provided to other HMIS participating agencies. The information you may agree to allow us to collect and share includes: basic identifying demographic data, such as name, address, phone number and birth date; the nature of your situation and the services and referrals you receive from this agency. This information is known as your Protected Personal Information or PPI.

Generally, all personal information we maintain is covered by this policy. Generally, your personal information will only be used by this agency and other agencies to which you are referred for services.

Information shared with other HMIS agencies helps us to better serve our clients, to coordinate client services, and to better understand the number of individuals who need services from more than one agency. This may help us to meet your needs and the needs of others in our community by allowing us to develop new and more efficient programs. Sharing information can also help us to make referrals more easily and may reduce the amount of paperwork.

10.6.2015

Maintaining the privacy and safety of those using our services is very important to us. Information gathered about you is personal and private. We collect information <u>only</u> when appropriate to provide services, manage our organization, or as required by law.

II.   CONFIDENTIALITY RIGHTS:

This agency has a confidentiality policy that has been approved by its Board of Directors. This policy follows all HUD confidentiality regulations that are applicable to this agency, including those covering programs that receive HUD funding for homeless services. Separate rules apply for HIPPA privacy and security regulations regarding medical records.

This agency will use and disclose personal information from HMIS only in the following circumstances:

1) To provide or coordinate services to an individual.
2) For functions related to payment or reimbursement for services.
3) To carry out administrative functions including, but not limited to legal, audit, personnel, planning, oversight or management functions.
4) Databases used for research, where identifying information has been removed.
5) Contractual research where privacy conditions are met.
6) Where a disclosure is required by law and disclosure complies with and is limited to the requirements of the law. Instances where this might occur are during a medical emergency, to report a crime against staff of the agency or a crime on agency premises, or to avert a serious threat to health or safety, including a person's attempt to harm himself or herself.
7) To comply with government reporting obligations.
8) In connection with a court order, warrant, subpoena or other court proceeding requiring disclosure.

III.   CLIENT RIGHTS:

Any client receiving services from your agency has the following rights:

1) **Access to records.** Clients have the right to review his or her record in the HMIS. They may request review of the record within five working days.
2) **Correction of an HMIS record.** A client has the right to request that his or her HMIS record is correct so that information is accurate. This ensures fairness in its use.
3) **Refusal.** Your agency's ability to assist a client depends on the documentation of certain personal identifying information. You may decline to provide services to a client who refuses to provide this data.

4) **Agency's Right to Refuse Inspection of an Individual Record**. You may deny a client the right to inspect or copy his or her personal information for the following reasons:

   a.   information is compiled in reasonable anticipation of litigation or comparable proceedings;

   b.   information about another individual other than the agency staff would be disclosed;

   c.   information was obtained under a promise of confidentiality other than a promise from this provider and disclosure would reveal the source of the information; or

   d.   Information reasonably likely to endanger the life or physical safety of any individual if disclosed.

7) **Harassment.** The agency reserves the right to reject repeated or harassing requests for access or correction. However, if the agency denies your request for access or correction, you will be provided written documentation regarding your request and the reason for denial. A copy of that documentation will also be included in your client record.

8) **Grievance.** You have the right to be heard if you feel that your confidentiality rights have been violated, if you have been denied access to your personal records, or if you have been put at personal risk, or harmed. Our agency has established a formal grievance process for you to use in such a circumstance. **To file a complaint or grievance you should contact our Chief Privacy Officer.**

IV.   HOW YOUR INFORMATION WILL BE KEPT SECURE:

Protecting the safety and privacy of individuals receiving services and the confidentiality of their records is of paramount importance to us. Through training, policies, procedures and software, we have taken the following steps to make sure your information is kept safe and secure:

1) The computer program we use has the highest degree of security protection available.

2) Only trained and authorized individuals will enter or view your personal information.

3) Your name and other identifying information will not be contained in HMIS reports that are issued to local, state or national agencies.

4) Employees receive training in privacy protection and agree to follow strict confidentiality standards before using the system.

5) The server/database/software only allows individuals access to the information. Only those who should see certain information will be allowed to see that information.

6) The server/database will communicate using 128-bit encryption, which is an Internet technology intended to keep information private while it is transported back and forth across the Internet. Furthermore, identifying data stored on the server is also encrypted or coded so that it cannot be recognized.

7) The server/database exists behind a firewall, which is a program designed to keep hackers and viruses away from the server.

8) The main database will be kept physically secure, meaning only authorized personnel will have access to the server/database.

9) HMIS Agency Administrators employed by the HMIS and the agency support the operation of the database. Administration of the database is governed by agreements that limit the use of personal information to providing administrative support and generating reports using aggregated information. These agreements further insure the confidentiality of your personal information.

V. BENEFITS OF HMIS AND AGENCY INFORMATION SHARING:

Information you provide us can play an important role in our ability and the ability of other agencies to continue to provide the services that you and others in the community are requesting.

Allowing us to share your name results in a more accurate count of individuals and the services they use. Obtaining an accurate count is important because it can help us and other agencies:

1) Better demonstrate the need for services and the specific types of assistance needed in our area.

2) Obtain more money and other resources to provide services.

3) Plan and deliver quality services to you and your family.

4) Assist the agency to improve its work with families and individuals who are homeless.

5) Keep required statistics for state and federal funders, such as HUD.

VI. COMPLIANCE WITH OTHER LAWS:

This agency complies with all other federal, state and local laws regarding privacy rights. Consult with an attorney if you have questions regarding these rights.

VII. PRIVACY NOTICE AMENDMENTS:

The policies covered under this Privacy Notice may be amended over time and those amendments may affect information obtained by the agency before the date of the change. All amendments to the Privacy Notice must be consistent with the

requirements of the Federal Standards that protect the privacy of consumers and guide HMIS implementation and operation.

VIII. DATA QUALITY:

Data Entry Policy: Agency/HMIS users will be responsible for the accuracy of their data entry. Missing data rates are expected to be kept below 10%. **For housing programs, client entry and exit dates are expected to be recorded in a timely manner.** Universal data elements at minimum must be entered into the HMIS system within 24 hours of entry into a project and complete appropriate discharge within 48 hours of exit from a project.

Procedure: The Agency must maintain standards for periodically checking data for completeness, accuracy and timeliness. The CoC will also define and maintain a data quality plan to help all Agencies monitor data quality. The HMIS Agency Administrator will perform regular data quality checks using the Data Quality Plan. Any patterns of error will be reported to the Agency Administrator. When patterns of error have been discovered, users will be required to correct the data, data entry processes (if applicable) and will be monitored for compliance.

IX   DATA QUALITY PLAN POLICY:

The Data Quality Plan is the official document pertaining to all data quality measures including but not limited to accuracy, completeness and timeliness. This should be referenced for all data quality standards. Any questions about materials in this document or items that are unclear should be addressed with the CoC Lead Agency or the HMIS Agency Administrator.

Procedure: The Data Quality Plan should be referenced and followed for all data quality procedures. Agencies must retain copies of this document and have available for all relevant staff members. If questions are left unaddressed, they should be brought to the attention of the HMIS Lead in a timely manner.

X   AGENCY USER AGREEMENT:

All staff are required to sign a HMIS User Agreement and complete HMIS User Training before receiving access to the HMIS. Credentials will not be issued without a signed User Agreement being on file with the CoC Lead and the HMIS Agency Administrator.

Procedure: All HMIS training participants will be given a copy of the HMIS User Agreement at the conclusion of User training. Potential Users will be responsible for completing the User Agreement, obtaining the required signatures and returning the form to the HMIS Lead before User Credentials will be issued. Once all required paperwork is complete, User Credentials can be obtained by calling the HMIS Help Desk.

Appendix B: Short Version of Privacy Policy

Homeless Management Information System
Summary of Privacy Notice

Introduction. HMIS is a computer system for data collection that was created to meet a requirement for the United States Congress. This requirement was passed in order to get a more accurate count for individuals and families who are homeless and to identify the need for various services. Many agencies use this system and share information.

Information in the HMIS System about you that we may share includes:

1) Basic identifying demographic data (name, address, phone number, date of birth).
2) The nature of your situation.
3) Services and referrals you receive from our agency.

Our ability to assist you depends on having certain personal identifying information. If you choose not to share the information we request, we reserve the right to decline services as doing so could jeopardize our status as a service provider. We assume that, by requesting services from our agency, you agree to allow us to collect information and to use or disclose it as described in this notice and otherwise as allowed or required by law.

Your personal data will be used only by this agency or others to which you are referred for services.

Confidentiality Rights: Maintaining the privacy and safety of those using our services is very important to us. This agency follows all confidentiality regulations and also has its own confidentiality policy.

Your Information Rights: As a client, you have the following rights:

1) Access to your record at your request.
2) Request a correction of your record.
3) File a grievance if you feel that you have been unjustly served, put at personal risk, harmed, or your personal information was not handled correctly.

When Information Is Disclosed: The full Privacy Notice sets forth situations when your personal information might be disclosed.

Benefits of HMIS and Agency Information Sharing: Allowing us to share your real name results in a more accurate count of individuals and services used. A more accurate count is important because it can help us and other agencies to meet the needs of our clients, such as:

1) Better identify and coordinate client need for services and to demonstrate types of assistance needed in our area.

2)   Obtain additional funding and resources to provide services.
3)   Plan and deliver quality services to you and your family.
4)   Assist the agency to improve its work.
5)   Keep required statistics for state and federal funders.
6)   Promote coordination of services so your needs are better met.
7)   Make referrals easier by reducing paperwork.
8)   Avoid having to report as much information to get assistance from other agencies.

You may keep this summary of the policy. A copy of the full privacy notice is available upon request.

APPENDIX C: EMPLOYEE ACKNOWLEDGMENT

***
Agency Name

Employee Acknowledgment of Privacy Notice

I, _____, hereby acknowledge that I have received, read and pledge to comply with the Homeless Management Information System Privacy Notice.

_____   _____
Date   Name

9. PHA Administration Plan (Applicable sections only.

ST. LOUIS
HOUSING
AUTHORITY

Administrative Plan

6.4.3 Disability Preference [24 CFR 982.207]

This preference applies to a person or family whose head, spouse, or sole member is a person with disabilities; or two or more persons with disabilities living together; or one or more persons with disabilities living with one or more live-in aides. A person who is under a disability, as defined in Section 233 of the Social Security Act (42 U.S.C. 423), or who has a developmental disability as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001 (7)). People who are diagnosed with alcoholism or drug abuse are not part of the definition of disabled. SLHA does recognize an applicant or family or spouse of household with HIV as a disabled person (Adopted in Board Resolution).
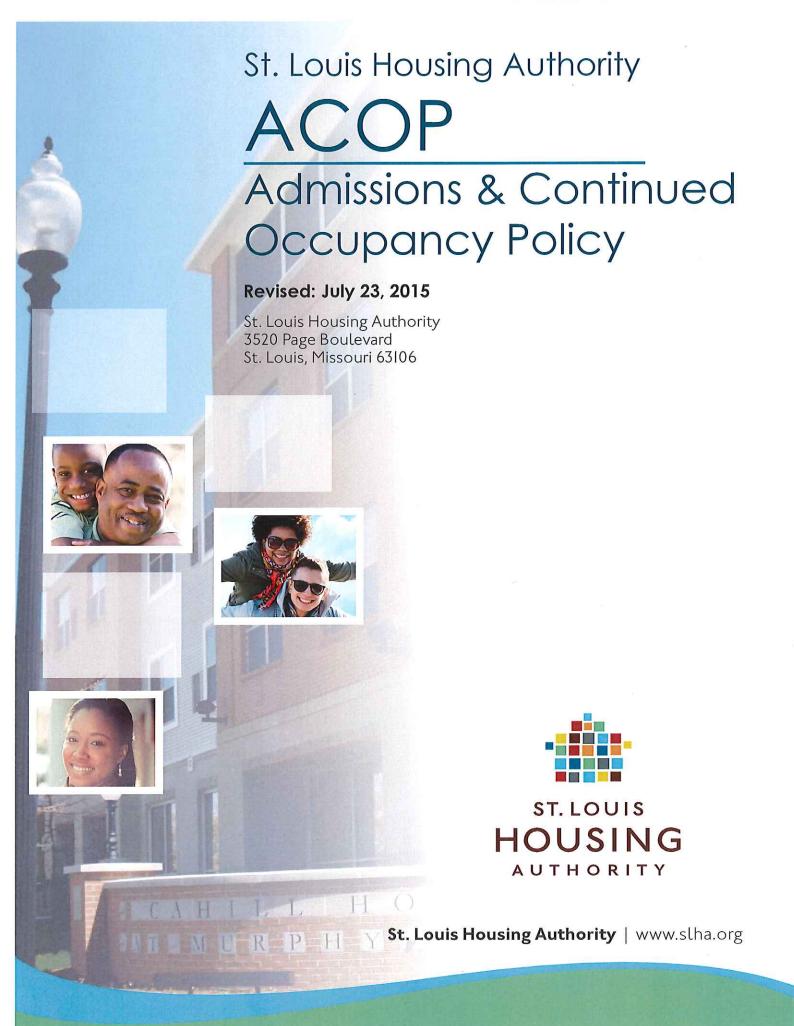
6.4.4 Victims of Domestic Violence

To qualify for this preference an applicant must present evidence that the family has been displaced as a result of fleeing violence in the home. Families are also eligible for this preference if there is proof that the family is currently living in a situation where they are being subjected to or victimized by violence in the home. Suitable evidence can be provided from law enforcement officials or social service agencies that have adequate knowledge of the family's living situation.

6.4.5 Homeless

To qualify for this preference an applicant must present evidence to SLHA that the family is homeless by meeting one of the following definitions:

- An individual or family who lacks a fixed, regular and adequate nighttime residence meaning:
    - An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state or local government programs for low-income individuals)
    - An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
    - A primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport or camping ground
- Unaccompanied youth under 25 years of age or families with children and youth, who do not otherwise qualify as homeless under this definition, but who-
    - Have experienced a long term period, more that 60 days, without living independently in permanent housing; and
    - Have experienced persistent instability as measured by frequent moves, more than two moves in 60 days, over such period; and
    - Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability or multiple barriers to employment

St. Louis Housing Authority

ACOP
Admissions & Continued Occupancy Policy

Revised: July 23, 2015

St. Louis Housing Authority
3520 Page Boulevard
St. Louis, Missouri 63106

ST. LOUIS
HOUSING
AUTHORITY

St. Louis Housing Authority | www.slha.org

application. Applicants that do not qualify for any preferences will be placed on the waiting list based on time and date of application. Points will be assigned as follows:

Pt. Value Assigned	Criteria
20	Employed, Elderly or Disabled
15	Enrolled in or recently graduated from a job training or educational program
5	Homeless
5	A person who served in the active military and who was discharged

When selecting applicants from the waiting list SLHA will match the characteristics of the available unit (unit size, accessibility features, unit type) to the applicants on the waiting lists. SLHA will offer the unit to the highest ranking applicant who qualifies for that unit size or type, or that requires the accessibility features. By matching unit and family characteristics, it is possible that families who have a lower ranking on the site based waiting list may receive an offer of housing ahead of families with an earlier date and time of application or higher preference points. In addition, families may be selected to satisfy deconcentration or income mixing and income targeting requirements. This may also result in families with a lower ranking on the site-based waiting list, receiving an offer of housing ahead of families with an earlier date and time of application or higher preference points.

6.7   Verification of Local Preference

An applicant's entitlement to a local preference will be accepted without verification at the initial application. When the family is selected from the waiting list for the final determination of eligibility, the preference will be verified. Applicants that cannot verify the claimed preferences will be denied the preference placed on the waiting list without the preference points and re-ranked based on the date and time of the application. If, at the time the family applied, the preference claim was the only reason for placement of the family on the list and the family could not verify their eligibility for the preference as of the date of application, the family will be removed from the list. All preferences will be verified in accordance with the verification procedures outlined in Chapter 9.

6.8   Preference Denial

If SLHA denies a preference, SLHA will notify the applicant in writing of the reasons why the preference was denied and offer the applicant an opportunity for an informal review. If the preference denial is upheld, as a result of the review or the applicant does not request a review, the applicant will be placed on the waiting list without benefit of the preference. Applicants may exercise other rights if they believe they have been discriminated against. If the applicant falsifies documents or makes false statements in order to qualify for any preference, they will be removed from the waiting list.

6.9   Notification of Selection

SLHA will notify the family by first class mail when it is selected from the waiting list at least five (5) business days prior to appointment. The notice will inform the family of the following:
- Date, time, and location of the scheduled application interview, including any procedures for rescheduling the interview
- Who is required to attend the interview

2015 MO-501 St. Louis COC
Priority Order Criteria

1. CoC Project Type – in the following order
   - Permanent Housing – Permanent Supportive Housing
   - Permanent Housing – Rapid Rehousing
   - Scattered-Site Transitional Housing
   - Facility-Based Transitional Housing
   - Supportive Services Only

2. Renewal projects will be prioritized above new projects.

3. Performance outcomes

4. Severity of needs and vulnerabilities experienced by project participants

5. Unique gap/target population served by Project

6. Level of negative impact to Continuum if Project were not funded

7. Availability of other potential funding sources

NEW PROJECTS
In addition to the above criteria, the following criteria also apply to new project applications.

1. Project applicant and all subrecipients have the expertise and capacity.

2. Projects MUST follow the Housing First principles.

3. HMIS

4. SSO Coordinated Entry

5. PH – Rapid Rehousing Projects that provide temporary rental assistance, housing-focused case management, in a scattered-site, flexible model will be prioritized.

6. PH – Permanent Supportive Housing projects for scattered site units will be prioritized.

13 Other: Discharge Plan

GCEH Governor's Committee To End Homelessness

DISCHARGE POLICY

EFFECTIVE DATE: December 5, 2011 (revised June 3, 2013)

POLICY

This policy addresses discharge planning for a variety of population in the eight continua in Missouri, including, St. Louis City, St. Louis County, St Charles (St. Charles/Lincoln and Warren Counties), Springfield (Greene, Christian and Webster Counties), Joplin (Jasper and Newton Counties), St. Joseph (Andrew, Buchanan and DeKalb Counties), Kansas City (Jackson County) and Balance of State (101 Counties, not included in another continuum).

DEFINITIONS

I. HUD Definition of "Homeless"

According to the U.S. Department of Housing and Urban Development (HUD), a person is considered homeless if they are living in places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings or on the street. In addition, persons are also considered homeless if:

- They reside in Emergency shelters.
- They reside in Transitional or Supportive Housing for persons who are homeless and who originally came from the streets or emergency shelters.
- They came from any of the above places but are spending a short time (up to 90 consecutive days) in a hospital or other institution.
- They are being evicted within 14 days from a private dwelling unit and no subsequent residence has been identified.
- They are being discharged within a week from an institution, such as a mental health or substance abuse treatment facility or a jail/prison, in which the person has been a resident for more than 90 consecutive days and no subsequent residence has been identified.
- They are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence, and the person has no other residence and lacks the resources or support networks to obtain other permanent housing.

II. Guiding Principles

In order to develop recommendations for this discharge policy, the following guiding principles were developed:

1. Homelessness is unacceptable in Missouri.
2. Efforts to secure permanent housing shall be made prior to being discharged from a state or public facility, such as a mental health facility, substance abuse treatment facility, long-term care facility or jail/prison.
3. If "temporary" shelter placement is unavoidable, the reasons for this should be documented.
4. If after having exhausted efforts to engage the client in a discharge plan, if the client continues to refuse services, the efforts will be noted.
5. If a client receiving out-patient services becomes homeless, the state or public facility should work actively with available community resources to locate suitable housing.

III. PROCEDURES

1. Adoption of Guiding Principles: All agencies and institutions serving the homeless population in Missouri shall adopt the guiding principles outlined in II, above.

2. Agency Adoption of Discharge Policy: All agencies and institutions within Missouri shall develop and implement a discharge policy that includes the following:

   a. Individual Discharge Plan: Where applicable or feasible, begin planning an individual discharge plan that includes client involvement and buy-in.

   b. Collaboration and partnerships: A variety of forms of partnerships and collaborations are needed to achieve an effective discharge planning system. It is the responsibility of each agency to partner and collaborate with other agencies in their Continuum of Care to ensure the best outcome for Missouri residents.

   c. Adequate information systems and tracking: Agencies receiving McKinney-Vento HUD funding are required to participate in the Continuum of Care Homeless Management Information System (HMIS). For agencies not required, HMIS is preferred, but not mandatory, in order to improve communication, facilitate access to resources, and track completion of the discharge plan. Please note that Domestic Violence agencies are exempt from this requirement, as described in the Domestic Violence disclosure rules.

   d. Integration of Community Resources: Agencies shall collaborate to reduce the duplication of services. Effective discharge planning procedures and policies shall be supported by all relevant community planning documents.

IV. FUTURE EFFORTS

Additional work is needed. Successful discharge planning policies to prevent homelessness are contingent upon identification of barriers and development of strategies to overcome those barriers. Some of the barriers identified by the committee include:

- Transportation
- Lack of Affordable and Accessible housing
- Access to SSI/SSDI and other benefits, including easier application or reinstatement in a timelier manner, both during and after release from incarceration.
- Money for medications
- Employment
- Domestic Violence Education
- High risk individuals, including, but not limited to, sex offenders, mental health clients, substance abuse and ex-offenders

Memorandum of Agreement
Governor's Committee to End Homelessness
Discharge Policy

I, _____Antoinette D. Triplett_____, hereby attest that I am authorized by my Agency,

_____City of St. Louis, Human Services_____, to commit that my agency

has reviewed the Governor's Committee to End Homelessness Discharge Policy, and

that my Agency will comply with this Discharge Policy, and that any policies and procedures

developed, adopted and implemented by my Agency, will conform with this Discharge Policy.

For: _____City of St. Louis, Human Services_____
                            (Printed Name of Agency)

Signed: _____   Date:_____

Printed Name and Title: _____Antoinette D. Triplett, Division Manager_____

Witnessed by: _____   Date:_4|3|13_

Printed Name and Title: _____William F. Siedoff, Director_____

Memorandum of Agreement
Governor's Committee to End Homelessness
Discharge Policy

I, _Pamela Neal_, hereby attest that I am authorized by my Agency,

Saint Louis County, to commit that my agency

has reviewed the Governor's Committee to End Homelessness Discharge Policy, and

that my Agency will comply with this Discharge Policy, and that any policies and procedures

developed, adopted and implemented by my Agency, will conform with this Discharge Policy.

For: _St. Louis County CoC_

(Printed Name of Agency)

Signed: _Pamela Neal_   Date: _____

Printed Name and Title: _Pamela Neal - CoC Facilitator_

Witnessed by: _Eleah S Berry_   Date: _1-3-13_

Printed Name and Title: _Eleah S. Berry, Supervisor_

Memorandum of Agreement
Governor's Committee to End Homelessness
Discharge Policy

I, _Dottie Kastigar_ , hereby attest that I am authorized by my Agency,

St. Charles, Lincoln, & Warren County CoC , to commit that my agency

has reviewed the Governor's Committee to End Homelessness Discharge Policy, and

that my Agency will comply with this Discharge Policy, and that any policies and procedures

developed, adopted and implemented by my Agency, will conform with this Discharge Policy.

MO - 503   St. Charles, Lincoln, & Warren County Continuum of Care

For: _Community Council of St. Charles (Lead Agency)_
(Printed Name of Agency)

Signed: _Dottie Kastigar_   Date: _9/21/12_

Printed Name and Title: _Dottie Kastigar, Coordinator, MO 503 Continuum_

Witnessed by: _Sherry Saunders_   Date: _9/21/12_

Printed Name and Title: _Sherry Saunders HMIS Manager_

Memorandum of Agreement
Governor's Committee to End Homelessness
Discharge Policy

I, _Linda Judah_, hereby attest that I am authorized by the St. Joseph Continuum of Care, herein after referred to the COC, to commit that the COC has reviewed the Governor's Committee to End Homelessness Discharge Policy and the COC will comply with this Discharge Policy and that any policies and procedures developed, adopted an implemented by the COC will conform to the discharge Policy.

St. Joseph
Printed name of Continuum of Care

Signed: _Linda P. Judah_   Date: _9/10/2012_

Linda C. Judah, Chair of St. Joseph Continuum
Printed name and title

[signature]   _9/10/2012_
Witnessed   Date

Randy Sharp   Vice Chair
Printed Name and Title

Memorandum of Agreement
Governor's Committee to End Homelessness
Discharge Policy

I, _Brian Kinkade_, hereby attest that I am authorized by my Agency and/or Continuum of Care, _____, to commit that my agency and/or Continuum of Care has reviewed the Governor's Committee to End Homelessness Discharge Policy, and that my Agency will comply with this Discharge Policy, and that any policies and procedures developed, adopted and implemented by my Agency, will conform with this Discharge Policy. The Discharge Policy will be reviewed every three years by the Governor's Committee to End Homelessness. Next review date is set for July 1, 2016.

For: _Missouri Department of Social Service_

(Printed Name of Agency)

Signed: _____ Date: _1/6/14_

Printed Name and Title: _Brian Kinkade, Acting Director_

Witnessed by: _____ Date: _____

Printed Name and Title: _____

Memorandum of Agreement
Governor's Committee to End Homelessness
Discharge Policy

I, _David Rost_ , hereby attest that I am authorized by my Agency and/or Continuum of Care, _Missouri Department of Corrections_ , to commit that my agency and/or Continuum of Care has reviewed the Governor's Committee to End Homelessness Discharge Policy, and that my Agency will comply with this Discharge Policy, and that any policies and procedures developed, adopted and implemented by my Agency, will conform with this Discharge Policy. The Discharge Policy will be reviewed every three years by the Governor's Committee to End Homelessness. Next review date is set for July 1, 2016.

For: _Missouri Department of Corrections_
(Printed Name of Agency)

Signed: _David Rost_   Date: _9/18/2013_

Printed Name and Title: _David Rost, Acting Director_

Witnessed by: _Cari Collins_   Date: _9-18-2013_

Printed Name and Title: _Cari Collins, DHS Director_

Memorandum of Agreement
Missouri Interagency Council on Homelessness
Discharge Policy

I, _Margaret Donnelly_, hereby attest that I am authorized by my Agency,

Missouri Dept. of Health and Senior Services, to commit that my agency

has reviewed the Missouri Interagency Council on Homelessness Discharge Policy, and

that my Agency will comply with this Discharge Policy, and that any policies and procedures

developed, adopted and implemented by my Agency, will conform with this Discharge Policy.

For: _Missouri Dept. of Health and Senior Services_
(Printed Name of Agency)

Signed: _Margaret Donnelly_   Date: _5/14/12_

Printed Name and Title: _Margaret Donnelly, Department Director_

Witnessed by: _____   Date: _____

Printed Name and Title: _____

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Memorandum of Agreement
Governor's Committee to End Homelessness
Discharge Policy

I, ___Keith Schafer___, hereby attest that I am authorized by my Agency,

___Missouri Department of Mental Health___, to commit that my agency

has reviewed the Governor's Committee to End Homelessness Discharge Policy, and

that my Agency will comply with this Discharge Policy, and that any policies and procedures

developed, adopted and implemented by my Agency, will conform with this Discharge Policy.

For: ___Missouri Department of Mental Health___
(Printed Name of Agency)

Signed: _____   Date: ___6/5/12___

Printed Name and Title: ___Keith Schafer, EdD, Director___

Witnessed by: _____   Date: ___6/5/12___

Printed Name and Title: ___Cathy Welch, Administrative Asst.___

Memorandum of Agreement
Governor's Committee to End Homelessness
Discharge Policy

I, Marlene Shriver _____, hereby attest that I am authorized by my Agency,

Balance of State Continuum of Care Committee _____, to commit that my agency

has reviewed the Governor's Committee to End Homelessness Discharge Policy, and

that my Agency will comply with this Discharge Policy, and that any policies and procedures

developed, adopted and implemented by my Agency, will conform with this Discharge Policy.

For: Balance of State Continuum of Care Committee _____
(Printed Name of Agency)

Signed: Marlene Shriver _____ Date: 12/18/12

Printed Name and Title: Marlene Shriver, Chair _____

Witnessed by: _____ Date: 12/18/12

Printed Name and Title: _____

Memorandum of Agreement
Governor's Committee to End Homelessness
Discharge Policy

I, _John Joines_, hereby attest that I am authorized by my Agency,

Economic Security Corp. of S.W. Area, to commit that my agency

has reviewed the Governor's Committee to End Homelessness Discharge Policy, and

that my Agency will comply with this Discharge Policy, and that any policies and procedures

developed, adopted and implemented by my Agency, will conform with this Discharge Policy.

For: _Economic Security Corp. of S.W. Area_
(Printed Name of Agency)

Signed: _____ Date: _5/31/12_

Printed Name and Title: _John Joines, CEO_

Witnessed by: _Tammy Walker CD Director_ Date: _5/31/12_
Tammy Walker

Printed Name and Title: _John Joines CEO_

Memorandum of Agreement
Governor's Committee to End Homelessness
Discharge Policy

I, _Linda Baker_____, hereby attest that I am authorized by my Agency and/or Continuum of Care, _Governor's Council on Disability_____, to commit that my agency and/or Continuum of Care has reviewed the Governor's Committee to End Homelessness Discharge Policy, and that my Agency will comply with this Discharge Policy, and that any policies and procedures developed, adopted and implemented by my Agency, will conform with this Discharge Policy. The Discharge Policy will be reviewed every three years by the Governor's Committee to End Homelessness. Next review date is set for July 1, 2016.

For: _Governor's Council on Disability_____
(Printed Name of Agency)

Signed: _Linda Baker_____ Date: _9/23/13_

Printed Name and Title: _Linda Baker, Executive Director_

Witnessed by: _Ucda K_____ Date: _9/23/13_

Printed Name and Title: _Claudia Browner, Executive I_

Memorandum of Agreement
Governor's Committee to End Homelessness
Discharge Policy

I, _Vickie L. Riddle, ACSW_ hereby attest that I am authorized by my Agency,

Homeless Servias Coalition of Greater Kansas City, to commit that my agency

has reviewed the Governor's Committee to End Homelessness Discharge Policy, and

that my Agency will comply with this Discharge Policy, and that any policies and procedures

developed, adopted and implemented by my Agency, will conform with this Discharge Policy.

For: _Homeless Servies Coalition of Greater Kansas City_
(Printed Name of Agency)

Signed: _Vickie L Riddle, ACSW_   Date: _10 | 17 | 12_

Printed Name and Title: _Vickie L Riddle, ACSW_

Witnessed by: _____   Date: _____

Printed Name and Title: _____

Memorandum of Agreement
Governor's Committee to End Homelessness
Discharge Policy

I, _Vickie L. Riddle, MSW_ hereby attest that I am authorized by my Agency,

Homeless Services Coalition of Greater Kansas City, to commit that my agency

has reviewed the Governor's Committee to End Homelessness Discharge Policy, and

that my Agency will comply with this Discharge Policy, and that any policies and procedures

developed, adopted and implemented by my Agency, will conform with this Discharge Policy.

For: _Homeless Services Coalition of Greater Kansas City_
(Printed Name of Agency)

Signed: _Vickie L Riddle, ACSW_   Date: _10|17|12_

Printed Name and Title: _Vickie L Riddle, ACSW_

Witnessed by: _____   Date: _____

Printed Name and Title: _____